



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET NO:</b> H-09	<b>BOARD MEETING:</b> February 27, 2018	<b>PROJECT NO:</b> 17-058	<b>PROJECT COST:</b> Original: \$1,196,814
<b>FACILITY NAME:</b> Premier Cardiac Surgery Center		<b>CITY:</b> Merrionette Park	
<b>TYPE OF PROJECT:</b> Substantive			<b>HSA:</b> VII

**PROJECT DESCRIPTION:** The Applicants (Heart Care Centers of Illinois, S.C. and Premier Cardiac Surgery Center, LLC) is proposing to establish a limited specialty ambulatory surgical treatment facility (ASTC) in Merrionette Park at a cost of \$1,196,814. The project completion date as stated in the application is October 31, 2018.

## **EXECUTIVE SUMMARY**

### **PROJECT DESCRIPTION:**

- The Applicants(Heart Care Centers of Illinois, S.C. and Premier Cardiac Surgery Center, LLC) is proposing to establish a limited specialty ambulatory surgical treatment facility in an existing physicians practice/office building, located at 11560 South Kedzie Avenue, Suite 102, Merrionette Park. The project cost is \$1,196,814. The project completion date as stated in the application is October 31, 2018.
- The proposed facility will be a limited-specialty ASTC with one (1) treatment room, four recovery stations, and will offer cardiovascular surgical procedures. The physicians who utilize the proposed surgery center specialize in peripheral vascular work and electrophysiology implant services.
- **Board Staff Notes** should the State Board approve this project the Applicants will not be performing Cardiac Catheterization procedures. The State Board defines cardiac catheterization “*as the performance of catheterization procedures that, due to safety and quality considerations, are preferably performed within a cardiac catheterization laboratory or special procedure room. Procedures that do not require the use of such specialized settings, such as pericardiocentesis, myocardial biopsy, cardiac pacemaker insertion or replacement, right heart catheterization with a flow-directed catheter (e.g., Swan-Ganz catheter), intra-aortic balloon pump assistance with intra-aortic balloon catheter placement, certain types of electrophysiology, arterial pressure or blood gas monitoring, fluoroscopy, and cardiac ultrasound, are not recognized as procedures that, under this Subchapter, would in and of themselves qualify a facility as having a cardiac catheterization category of service.*” Should the Applicant choose to perform cardiac catheterization procedures an application for permit to establish the cardiac catheterization category of service will need to be submitted and approved by the State Board.

### **WHY THE PROJECT IS BEFORE THE STATE BOARD:**

- This project is before the State Board because the project establishes a health care facility (ASTC) as defined by the Illinois Health Facilities Planning Act. (20 ILCS 3960/3)

### **PURPOSE OF THE PROJECT:**

- The Applicants stated:  
“The project will involve the modernization of a physician office practice’s Office-Based Lab (OBL), which will be upgraded to achieve status as a Medicare-Certified, IDPH-licensed ASTC with one procedure room and four recovery bays. The scope of services that will be provided at the proposed surgery center will include one category of service – Cardiology. A primary reason the applicant decided to seek a Certificate of Need (CON) permit from the State Board is to ensure continued access to care for HCCI’s patients. Access to vascular care has been threatened as a result of significant budget cuts in the 2016 Medicare Physician Fee Schedule (PFS). One of the physicians groups hit hardest by reimbursement reductions is interventional nephrologists who perform vascular access services. These cuts have led many nephrology and cardiology-focused physician practices to consider the financial, operational, and legal viability of converting their office-based vascular access center or cardiac surgical suite (i.e.: their OBL), into a Medicare-certified ambulatory surgery center. While the applicant plans to establish a cardiology-focused ASTC in the space presently occupied by its OBL, there is no immediate plan to discontinue the OBL. Instead, the applicant plans to adopt what is known colloquially as the OBL-ASTC “hybrid” model. This means that the applicant will use the exact same surgical space on certain days of the week as an ASTC, and on other days of the week, as an OBL. Medicare regulations permit this space-sharing model so long as certain parameters are met.”(Application, p. 119)

### **PUBLIC HEARING/COMMENT:**

- A public hearing was offered in regard to the proposed project, but no public hearing was requested. Letters of support were received from:
  - **Gregory S. Workman, Market Network Director-Illinois JenCare Senior Medical Centers**  
“I am writing to express our support for the Certificate of Need (CON) permit application submitted by Premier Cardiac Surgery Center (PCSC). We ask the members of the State Board to approve

*this project and grant PCSC a permit to establish an Ambulatory Surgery Treatment Center (ASTC) in Merrionette Park, Illinois that will offer an affordable alternative to hospital-based surgical care, and provide greater access to services and much higher satisfaction for our patients. As the Board knows, surgery centers cost less than hospital care, particularly for the patients considering many have coinsurance, deductibles, or copays for outpatient surgeries. In a hospital outpatient setting, it can cost each patient up to \$350 coinsurance. In addition, we have found that utilizing free facilities also reduces downstream costs that can accrue in a hospital setting. We kindly request that you approve this application. We believe the project is both necessary and in the best interest of the community.”*

➤ No opposition letters were received by the Board Staff in regard to the proposed project.

#### **SUMMARY:**

- The State Board Staff reviewed the application for permit and additional information provided by the Applicants and note the following:
- The proposed project is a request by the applicant for the State Board to determine the need to convert a physician’s office practice to a licensed ASTC. The Illinois Department of Public Health defines an ambulatory surgery center as “Any institution or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures, and any place that meets and complies with the definition of an ambulatory surgical treatment center under the Act and this Part, as evidenced by use of the facilities by physicians, podiatrists or dentists in the performance of surgical procedures that constitutes more than 50 percent of the activities at that location (77 IAC 205.110). The applicant believes the cardiology and electrophysiology procedures performed at the physician practice are approaching fifty percent (50%) of the total activities performed at the facility.
- **Reviewer Note:** While the Illinois Department of Public Health (IDPH) defines what constitutes a licensed surgical center the Department does not determine the need for an ASTC. The Illinois Health Facilities and Services Review Board determine the need for an ASTC. Should the State Board approve this project the applicant will then petition IDPH to license the approved ASTC. The applicant is currently operating an office-based practice performing cardiovascular procedures in an Office Based Lab (OBL) environment. The Applicants propose to operate a lab/ASTC hybrid, offering each service on certain days of the week.
- There is excess capacity in the proposed 45-minute geographical service area at hospitals and the multi-specialty ASTCs. Limited specialty ASTCs are not considered in the evaluation of excess capacity because these facilities are required to submit an application for permit to the State Board to add additional specialties. (See Table Five at the end of this report)

**The applicant** addressed a total of twenty-two (22) criteria and was not compliant with the following:

<b>Criteria</b>	<b>Reasons for Non-Compliance</b>
77 ILAC 1110.1540(g) - Service Accessibility	There is unused surgical capacity at both hospitals and limited/multi-specialty ASTCs in the proposed geographical service area that would be able to absorb the workload of the proposed facility. (See Table Five at the end of this report)
77 ILAC 1110.1540(h)(1) – Unnecessary Duplication of Service	There are thirty-four (34) hospitals within forty-five (45) minutes of the proposed project, twenty (20) are not at target occupancy. Of the thirty-seven (37) operating ASTCs within forty-five (45) minutes, twenty-five (25) are not at target occupancy. (See Table Five at the end of this report)

**Premier Cardiac Surgery Center  
STATE BOARD STAFF REPORT  
Project #17-058**

<b>APPLICATION CHRONOLOGY</b>	
Applicants(s)	Heart Care Center of Illinois, S.C. Premier Cardiac Surgery Center, LLC
Facility Name	Premier Cardiac Surgery Center
Location	11560 South Kedzie Avenue, Suite 102, Merrionette Park, IL
Permit Holder	Heart Care Center of Illinois, S.C. Premier Cardiac Surgery Center, LLC
Operating Entity/Licensee	Premier Cardiac Surgery Center, LLC
Owner of Site	Corinthian Kedzie, LLC
Gross Square Feet	4,172 GSF
Application Received	October 20, 2017
Application Deemed Complete	October 26, 2017
Financial Commitment Date	Upon Permit Issuance
Anticipated Completion Date	October 31, 2018
Review Period Ends	February 23, 2017
Review Period Extended by the State Board Staff?	No
Can the Applicants request a deferral?	Yes

**I. Project Description**

The Applicants (Heart Care Centers of Illinois S.C. and Premier Cardiac Surgery Center, LLC) propose to establish a limited-specialty ambulatory surgical treatment facility at a cost of \$1,196,814, located at 11560 South Kedzie Avenue, Suite 102, Merrionette Park. The project completion date is October 31, 2018.

**II. Summary of Findings**

- A. The State Board Staff finds the proposed project is not in conformance with all relevant provisions of 77 ILAC 1110 (Part 1110).
- B. The State Board Staff finds the proposed project is in conformance with all relevant provisions of 77 ILAC 1120 (Part 1120).

**III. General Information**

The Applicants are Heart Care Centers of Illinois, S.C., and Premier Cardiac Surgery Center, LLC. The proposed project is essentially the conversion of an existing office-based lab/physician's office practice to an ASTC. Premier Cardiac Surgery Center is located at 11560 South Kedzie Avenue, Suite 102, Merrionette Park. The facility is currently a physicians practice with an office-based lab located in-house. The project will require modernization of existing space, but no new construction is required. No new equipment purchases are anticipated because the Applicants will be leasing equipment from the landlord that is already located in the existing space and being utilized by physicians using the office-based lab/physicians practice.

**IV. Health Service Area/Health Planning Area**

The proposed ASTC will be located in suburban Cook County in Health Service Area 07. HSA-07 includes DuPage and suburban Cook counties. There are forty-nine (49) Ambulatory Surgical Treatment Centers in HSA-07.

**V. Project Description**

Premier Cardiac Surgery Center is seeking to convert its office-based lab/physicians office into a Medicare-certified, state licensed ASTC providing interventional cardiology and electrophysiology implant services (limited-specialty). The following nine physicians maintain practices/offer services within the existing facility:

Dr. Ronald Stella\*

Dr. James Sur

Dr. Robert Iaffaldano\*

Dr. Kurt Erikson

Dr Greg Macaluso

Dr. Ravi Ramana

Dr. Sean Tierney

Dr. Thomas Kason

Dr. Henry Shin

*\*Annotates physicians utilizing the office-based lab services*

The medical office building/physicians office practice will undergo a modernization of existing space, resulting in an ASTC containing one procedure room and four recovery stations. Existing space will be modernized to state licensed ASTC standards. No major medical equipment will be purchased because the Applicants will be leasing equipment from the landlord that is already stationed in the existing facility. The facility will provide cardiovascular services exclusively.

**VI. Project Costs**

The Applicants are proposing to fund the project with a combination of cash/securities in the amount of \$17,500, and the fair market value of a lease totaling \$1,179,314. The estimated start-up costs and operating deficit reported for this project is \$75,000.

<b>Table Three</b> <b>Project Uses and Sources of Funds</b>			
<b>Use of Funds</b>	<b>Reviewable</b>	<b>Non Reviewable</b>	<b>Total</b>
Fair Market Value of Leased Space	\$434,719	\$394,595	\$829,314
Fair Market Value of Leased Equipment	\$245,250	\$104,750	\$350,000
Other Costs to be Capitalized	\$9,173	\$8,327	\$17,500
<b>Total Use of Funds</b>	<b>\$689,142</b>	<b>\$507,672</b>	<b>\$1,196,814</b>
<b>Sources of Funds</b>			
Cash and Securities	\$9,173	\$8,327	\$17,500
FMV of Leases	\$679,969	\$499,345	\$1,179,314
<b>Total Source of Funds</b>	<b>\$689,142</b>	<b>\$507,672</b>	<b>\$1,196,814</b>

## **VII. Purpose of the Project, Safety Net Impact Statement, Alternatives**

### **A) Criterion 1110.230(a) – Purpose of the Project**

#### **The Applicants are asked to:**

1. Document that the project will provide health services that improve the health care or well-being of the market-area population to be served.
2. Define the planning area or market area, or other area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

#### **The Applicants stated the following:**

*“The project will involve the modernization of a physician office practice’s Office-Based Lab (OBL), which will be upgraded to achieve status as a Medicare-Certified, IDPH-licensed ASTC with one procedure room and four recovery bays. The scope of services that will be provided at the proposed surgery center will include one category of service – Cardiology. A primary reason the applicant decided to seek a Certificate of Need (CON) permit from the State Board is to ensure continued access to care for HCCI’s patients. Access to vascular care has been threatened as a result of significant budget cuts in the 2016 Medicare Physician Fee Schedule (PFS). One of the physicians groups hit hardest by reimbursement reductions is interventional nephrologists who perform vascular access services. These cuts have led many nephrology and cardiology-focused physician practices to consider the financial, operational, and legal viability of converting their office-based vascular access center or cardiac surgical suite (i.e.: their OBL), into a Medicare-certified ambulatory surgery center. While the applicant plans to establish a cardiology-focused ASTC in the space presently occupied by its OBL, there is no immediate plan to discontinue the OBL. Instead, the applicant plans to adopt what is known colloquially as the OBL-ASTC “hybrid” model. This means that the applicant will use the exact same surgical space on certain days of the week as an ASTC, and on other days of the week, as an OBL. Medicare regulations permit this space-sharing model so long as certain parameters are met.”(Application, p. 119)*

## B) Criterion 1110.230(b) – Safety Net Impact Statement

### The Applicants are asked to document:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

### The Applicants stated the following:

*“The proposed ASTC will ensure continued access to healthcare services offered by the applicant to its existing patient base, and by providing an outpatient option for hospital-based patients to obtain cardiology surgical services in a convenient and easily accessible location. The applicant will enroll in the Medicaid program, adding to the list of providers who accept Medicaid patients from this program. The applicant will establish a Charity Care program. The ASTC will not provide any services that will harm, in any way, federally qualified health centers in the region. FQHCs do not provide surgical services. The applicant’s proposed ASTC will not harm, in any way, safety net providers in the market area. Very few hospitals offer the types of procedures offered by the applicant’s physicians and most ASTCs in the service area do not, or are not authorized to, provide services under the cardiology category of service.” [Application for Permit Page 282]*

The Applicants reported no historical Charity Care or Medicaid data. However, the Applicants provided a projected payer mix for years three years after project completion.

<b>Table Four Forecasted Payer Mix</b>			
	2018	2019	2020
Private/Commercial Insurance	32.5%	31%	30%
Medicare	62.5%	61.5%	60.5%
Medicaid	2%	4%	5%
Self-Pay	1%	1%	1%
Workers Compensation	.5%	.5%	.5%
Charity Care	1.5%	2%	3%
TOTAL	100%	100%	100%



### **C) Criterion 1110.230(c) Alternatives to the Project**

**To demonstrate compliance with this criterion the Applicants must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.**

The Applicants considered four alternatives in total. [Application for Permit page 166-167]

#### **1. Do Nothing**

The Applicants state this alternative does not address the healthcare needs of the geographic service area, and jeopardizes the applicants' ability to provide critical health services (interventional cardiology, electrophysiology services). Additionally, cuts in the Medicare reimbursement schedule are resulting in an underperforming Office Based Lab (OBL), which would result in discontinuation, under this alternative. The Applicants want to continue to provide access to the service area, and rejected this alternative. No project costs were identified with this alternative

#### **2. Utilize Existing Providers/Joint Venture**

The Applicants have considered the option of a joint venture for the past eight years. However, in reference to this project, the Applicants already had sufficient space, equipment, and patient base to transform the physician's office/OBL into an ASTC. In reference to the option chosen, the Applicants determined this option least feasible. There were no costs identified with this alternative.

#### **3. Purchase an Existing ASTC at an Alternate Location**

The Applicants initially considered this option, but it was ultimately rejected, due to the unavailability of suitable office space in the geographical service area (Merrionette Park). Additionally, the Applicants note the availability of existing office space, equipment, and patient base already exists in the existing location, and the option chosen outweighed this option in terms of practicality. There were no costs identified with this option.

#### **4. Utilize Hospital Space**

The Applicants already perform interventional cardiology and electrophysiology procedures at area hospitals and notes the reason for the departure from this environment is to provide said services in a more cost-effective manner. While the Applicants will continue to provide some services in a hospital-based setting. However, current public policy prohibits the continued provision of care in this environment, and has shifted to a less-costly, outpatient setting. There were no costs identified with this alternative.

### **VIII. Size of the Project, Projected Utilization of the Project, Assurances**

#### **A) Criterion 1110.234(a) – Size of the Project**

**To document compliance with this criterion the Applicants must document that the proposed surgical rooms and recovery stations meet the State Board GSF Standard's in Section 1110.Appendix B.**

The Applicants are proposing one (1) procedure room and four recovery stations, in 2,187 GSF of clinical space. The State standard for ASTC rooms is 1600-2,200 DGSF per room, and it appears the applicant has met the requirements of the criterion.

**B) 1110.234(b) – Projected Utilization**

**To document compliance with this criterion the Applicants must document that the proposed surgical/procedure rooms will be at target utilization or 1,500 hours per operating/procedure room by the second year after project completion. Section 1110.Appendix B**

The State Board Standard of 1,500 hours per operating room is inapplicable for the proposed project, as the Applicants propose to establish an ASTC with one treatment/procedure room, and four recovery stations. The Applicants are projecting a total of 1,000 cases, with utilization totaling 1,500 hours (1.5 hours/procedure), by the second year of operation, based on projected utilization data (application, p. 169).

**C) Criterion 1110.234(e) – Assurances**

**To document compliance with this criterion the Applicants must provide an attestation that the proposed project will be at target occupancy two years after project completion.**

The Applicants have provided the necessary attestation at page 216 of the Application for Permit.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA SIZE OF THE PROJECT, PROJECTED UTILIZATION, AND ASSURANCES (77 ILAC 1110.234(a), (b), and (e))**

## **IX. Establish an Ambulatory Surgical Treatment Center**

### **A) Criterion 1110.1540(b)(1) to (3) - Background of the Applicant**

**To demonstrate compliance with this criterion the Applicants must provide documentation of the following:**

- 1) Any adverse action taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.
- 2) A listing of all health care facilities currently owned and/or operated by the applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

Heart Care Centers of Illinois, S.C. (HCCI), has sole ownership interest in the applicant LLC, Premier Cardiac Surgery Center. HCCI retains ownership of six medical practices not under the jurisdiction of the Certificate of Need program. The applicant supplied proof of its Certificate of Good Standing, and licensure/accreditation will occur should the project be approved. The Applicants supplied a letter permitting the State Board, and IDPH to verify any information contained in this application. [Source: Application for Permit pgs. 115-118]

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANTS (77 ILAC 1110.1540(b) (1) to (3))**

**B) Criterion 1110.1540(c) (2) (A) and (B) – Service to GSA Residents**

**To demonstrate compliance with this criterion the Applicants must provide a list of zip codes that comprise the geographic service area. The applicant must also provide patient origin information by zip code for the prior 12 months. This information must verify that at least 50% of the facility's admissions were residents of the geographic service area.**

1. By rule the Applicants are to identify all zip codes within forty-five (45) minutes of the proposed ASTC. The Applicants provided this information on pages 173-175 of the application for permit. The data contains population and patient origin data from the prior 12 months from 148 zip codes from Cook County (4,603 patients), 32 zip codes from DuPage County (26 patients), and 26 zip codes from Will County (0 patients). The patient origin data is provided from referring physicians.

Based upon the information provided in the application for permit and summarized above it appears that the proposed ASTC will provide services to the residents of the forty-five (45) minute geographic service area.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION GEOGRAPHIC SERVICE AREA NEED (77 ILAC 1110.1540(c) (2) (A) and (B))**

**C) Criterion 1110.1540(d) (1) and (2) - Service Demand – Establishment of an ASTC Facility**

**To demonstrate compliance with this criterion the Applicants must provide physician referral letters that attest to the total number of treatments for each ASTC service that was referred to an existing IDPH-licensed ASTC or hospital located in the GSA during the 12-month period prior to the application. The referral letter must contain:**

1. Patient origin by zip code of residence;
2. Name and specialty of referring physician;
3. Name and location of the recipient hospital or ASTC; and
4. Number of referrals to other facilities for each proposed ASTC service for each of the latest two years;
5. Estimated number of referrals to the proposed ASTC within 24 months after project completion
6. Physician notarized signature signed and dated; and
7. An attestation that the patient referrals have not been used to support another pending or approved CON application for the subject services.

**By rule the referrals to a proposed ASTC must be from IDPH-licensed ASTCs or hospitals.** The Applicants submitted 5 referral letters (application, pgs. 177-181) attesting to the referral of approximately 296 patients to the ASTC, during the first full year after project completion. Table Five lists the five physicians that supplied referral letters, the number of cases performed in the last 5 months, the location in which they were performed, and the anticipated number of cases that will be referred to the ASTC after project completion. The applicant has met the requirements of this criterion.

Table Five Referral Letters			
Physician	Hospital/ASTC*	Historical Cases in last 12 months	Projected Cases Referred to ASTC
George Aziz, M.D.	Presence St. Joseph Hospital, Chicago	54	84
	Silver Cross Hospital, New Lenox	30	
	<b>Subtotal</b>	<b>84</b>	<b>84</b>
Robert Iffaldano, M.D.	MetroSouth Medical Center, Blue Island	50	100
	Silver Cross Hospital, New Lenox	50	
	<b>Subtotal</b>	<b>100</b>	<b>100</b>
Charles Kinder, M.D.	MacNeal Hospital, Berwyn	328	420
	Bolingbrook Hospital, Bolingbrook	11	
	MetroSouth Medical Center, Blue Island	17	
	Provena St. Joseph Hospital, Joliet	29	
	Silver Cross Hospital, New Lenox	35	
	<b>Subtotal</b>	<b>420</b>	<b>420</b>

Ronald Stella, M.D.	MacNeal Hospital, Berwyn	60	100
	MetroSouth Medical Center, Blue Island	40	40
	<b>Subtotal</b>	<b>100</b>	<b>100</b>
Sean Tierney, M.D.	MacNeal Hospital, Berwyn	12	296
	Christ Hospital, Oak Lawn	4	
	LaGrange Memorial Hospital, LaGrange	1	
	Palos Community Hospital	89	
	Silver Cross Hospital, New Lenox	25	
	MetroSouth Medical Center, Blue Island	165	
	<b>Subtotal</b>	<b>296</b>	<b>296</b>
<b>TOTAL</b>			<b>1,000</b>
*Facility in which the identified procedures were performed			

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SERVICE DEMAND (77 ILAC 1110.1540(d) (1) and (2))**

**D) Criterion 1110.1540(f) (1) and (2) - Treatment Room Need Assessment**

**To document compliance with this criterion the Applicants must provide the projected patient volume or hours to justify the number of operating rooms being requested. The Applicants must document the average treatment time per procedure.**

1. Based upon the State Board Staff's review of the referral letters the Applicants can justify 1,500 hours in the first year after project completion. This number of operating/procedure hours will justify the one (1) procedure room and four recovery stations being requested by the applicants.
2. The Applicants supplied an estimated time per procedure (application, p. 183), which includes prep/clean-up. This time was calculated using the industry norm for facilities providing cardiovascular surgical services. The average time per procedure was 90 minutes.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION TREATMENT ROOM NEED ASSESSMENT (77 ILAC 1110.1540(f) (1) and (2)) E) Criterion 1110.1540 (g) - Service Accessibility**

**To document compliance with this criterion the Applicants must document that the proposed ASTC services being established is necessary to improve access for residents of the GSA by documenting one of the following:**

1. There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;
  2. The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;
  3. The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies;
  4. The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:
    - A) The existing hospital is currently providing outpatient services to the population of the subject GSA;
    - B) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100;
    - C) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and
    - D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.
- 
1. There are existing ASTCs in the identified GSA. [See Table Five at the end of this report.]
  2. There are underutilized ASTC and hospital surgical/treatment rooms in the identified GSA. [See Table Five at the end of this report]
  3. The proposed surgical services are available in the GSA. However, of the four facilities providing outpatient cardiovascular surgical service, only two is operational (two in ramp-up). The two facilities in ramp-up are Chicago Vascular facilities. These facilities will specialize in vascular access services, and project to be operating above the State standard shortly after project completion. The other two facilities (Rush Surgicenter and Loyola ASC at Oak Brook) appear to have the capability to handle the projected patient caseload from the proposed project. All four of the identified facilities are located over 30 minutes way from the applicant facility.

Table Five shows that of the 37 ASTCs in the planning area, 25 (67.6%) are not performing in accordance with the State standard (1,500 hours/room). In the same table, there are 34 hospitals identified, with 20 (58.9%), performing beneath the same State standard. Because of these underperforming facilities, the applicant has not met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION SERVICE ACCESSIBILITY (77 ILAC 1110.1540(g))**



**F) Criterion 1110.1540(h) (1), (2), and (3) - Unnecessary Duplication/Maldistribution/Impact on Other Providers**

1. To demonstrate compliance with this criterion the Applicants must provide a list of all licensed hospitals and ASTCs within the proposed GSA and their historical utilization (within the 12-month period prior to application submission) for the existing surgical/treatment rooms.
- 2) To demonstrate compliance with this criterion the Applicants must document the ratio of surgical/treatment rooms to the population within the proposed GSA that exceeds one and one half-times the State average.
- 3) To demonstrate compliance with this criterion the Applicants must document that, within 24 months after project completion, the proposed project:
  - A) Will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

**The Applicants stated the following to address this criterion:**

*The Applicants proposed ambulatory surgery treatment center (ASTC) will not create a maldistribution of services in the geographic service area (GSA). The cardiovascular category of service is largely unavailable throughout the GSA and the ASTCs that are authorized to provide surgical services under this category of service are either at capacity, expected to reach capacity, or are a severely limited provider of vascular access services. Based on the lack of competition for cardiology services in the GSA, the applicant's ASTC will not have any effect on the utilization of other area providers. If such centers fall below the utilization standard during this time period, or fall into further non-compliance, factors other than the applicant's ASTC would be the most likely explanation.*

There are a total of thirty-four (34) hospitals and thirty-seven (37) ASTCs in the identified 45-minute service area. [See Table Five at the end of this report]. Of these facilities, 20 hospitals (58.9%), and 25 ASTCs (67.6%), are operating beneath the State standard for surgical facilities (1,500hours/room).

**1. Unnecessary Duplication of Service**

**1. Limited Specialty ASTC:**

There are ten (10) limited specialty ASTCs within forty-five minutes, two (2) are not yet operational and six (6) of the remaining eight (8) facilities are at target occupancy. Four (4) of the ten (10) facilities did not provide Medicaid services in CY 2015. **Reviewer Note:** A limited specialty ASTC would have to submit an application for a certificate of need to add the specialty proposed by this project.

**2. Multi-Specialty ASTC**

There are twenty-five (25) multi-specialty ASTCs within forty-five minutes, two (2) are not operational and of the remaining twenty-three (23) multi-specialty ASTCs, six (6) are at target occupancy. Fourteen (14) of the twenty-five (25) multi-specialty ASTC did not provide Medicaid services in CY 2015. **Reviewer**

**Note:** A multi-specialty ASTC would have to submit an application for a certificate of need to add the specialty proposed by this project.

### 3. Hospitals

There are forty-nine (34) hospitals within the proposed 45-minute GSA, fourteen (14) hospitals are at the target occupancy of 1,500 hours per surgery/procedure room.

## 2. **Mal-Distribution**

According to the applicants, the proposed ASTCs geographic service area has an estimated population of 5,847,876. The number of operating/procedure rooms within this area is approximately 863 operating/procedure rooms. That equates to one (1) operating/procedure room per every 6,776 individuals. The State of Illinois estimated population for 2015 is 12,900,879. The number of operating/procedure rooms in the State of Illinois is 3,054 rooms. The ratio of population to operating/procedure rooms is one (1) operating/procedure room per every 4,224 individuals. Based upon this analysis it does not appear there is a surplus of operating/procedure rooms in this forty-five minute geographical service area.

**Reviewer Note:** A surplus is defined as the ratio of operating/procedure rooms to the population within the forty-five (45) minute GSA [GSA Ratio] to the State of Illinois ratio that is 1.5 times the GSA ratio.]

## 3. **Impact on Other Facilities**

The Applicants stated that no other provider within the forty-five (45) minute service area will be impacted because the proposed project calls for the licensing of an existing physicians practice with an existing patient base, providing vascular access service for dialysis treatments. The procedure is considered specialized and is normally performed in hospital operating/procedure rooms. The proposed project will actually allow the applicant to perform more of the specialized procedures in an ASTC setting, and allow practicing physicians in the service area to increase their referral volume. The propose project will not negatively impact area facilities.

The applicant has not met this requirement because there are number of existing ASTCs and hospitals currently underutilized in the proposed GSA.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE, MALDISTRIBUTION/ IMPACT ON OTHER FACILITIES (77 ILAC 1110.1540(h) (1), (2), and (3))**

### G) **Criterion 1110.1540 (i) - Staffing**

**To demonstrate compliance with this criterion, the Applicants must provide documentation that relevant clinical and professional staffing needs will be met and a medical director will be selected that is board certified.**

To address this criterion the applicant provided licensure credentials and a curriculum vitae for Dr. Robert Iaffaldano, M.D. (application, pgs. 198-210). The applicant facility will maintain appropriate staffing levels, and will ensure that all necessary staff are hired and trained in accordance with industry standards. Based upon the information provided in the application for permit, it appears that the proposed ASTC will be properly staffed.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION STAFFING (77 ILAC 1110.1540(i))**

**H) Criterion 1110.1540 (j) - Charge Commitment**

**To document compliance with this criterion the Applicants must provide the following:**

- 1) A statement of all charges, except for any professional fee (physician charge); and
- 2) A commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicants supplied a statement of charges (application, p. 214), and certified attestation that the identified charges will not increase for at least the first two years in operation as an ASTC (application, p. 212). [See Table Six at the end of this report]

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CHARGE COMMITMENT (77 ILAC 1110.1540(j))**

**I) Criterion 1110.1540 (k) - Assurances**

**To demonstrate compliance with this criterion the Applicants must attest that a peer review program will be implemented and the proposed ASTC will be at target occupancy two years after project completion.**

The Applicants provided certified attestation (application, p.217), that Premier Cardiac Surgery Center, LLC will continue to maintain quality patient care standards, and meet or exceed the utilization standards specified in 77 ILAC 1100, by the second year of operation.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 ILAC 1110.1540(k))**

## **X. FINANCIAL VIABILITY**

**The purpose of the Illinois Health Facilities Act** “*This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs.*” [20 ILCS 3960]

### **A) Criterion 1120.120 - Availability of Funds**

### **B) Criterion 1120.130 - Financial Viability**

**To demonstrate compliance with this criterion the Applicants must provide evidence that sufficient resources are available to fund the project.**

The Applicants are funding this project with a combination of cash/securities in the amount of \$17,500 and leases with a fair market value totaling \$1,179,314.

The Applicants included a letter from First Midwest Bank attesting to the funding origins and the existence of sufficient funds in personal accounts to account for the cash/securities portion (\$17,500) of the project costs. The Applicants note its co-applicant; Heart Care Centers of Illinois, S.C. is wholly responsible for the funding portion of the project. The lease (application, p. 30), reveals a gradually increasing rate per GSF that increases annually to \$23.94 per GSF by August 2026. The lease is for 10 years, and it appears there are no options for periodic renewals.

Approximately one percent (1.4%) of the project is being funded from cash and approximately ninety-eight percent (98.6%) is classified as originating from the fair market value of the lease. The Applicants submitted additional information that delineates the fair market value funding source further. The letter from Midwest Bank states:

*“The CON permit application provides that the total cost of the project is \$1,196,814. Of that amount, \$829,314 represents the fair market value of a space lease with a ten-year term, \$350,000 represents the fair market value of an equipment lease with a ten-year term, and \$17,500 includes other costs to be capitalized. It is my understanding that upon issuance of the CON permit, the co-applicant intends to capitalize the applicant’s business entity with an infusion of cash totaling \$598,407, which represents the value of the first five years of the two lease agreements and half of the other costs to be capitalized.”* (See supplemental information provided December 14, 2017)

<b>Sources</b>	<b>Reviewable</b>	<b>Non Reviewable</b>	<b>Total</b>	<b>% of Total</b>
Cash and Securities	\$9,137	\$8,327	\$17,500	1.4%
FMV of Leases	\$679,969	\$499,345	\$1,179,314	98.6%
<b>Total Source of Funds</b>	<b>\$689,142</b>	<b>\$507,672</b>	<b>\$1,196,814</b>	<b>100%</b>
Source: Application for Permit Page 7				

Based upon the information reviewed it appears funds are available.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS AND FINANCIAL VIABILITY (77 ILAC 1120.120 and 77 ILAC 1120.130)**

## **XI. ECONOMIC FEASIBILITY**

### **A) Criterion 1120.140(a) - Reasonableness of Financing Arrangements**

### **B) Criterion 1120.140(b) - Terms of Debt Financing**

The Applicants are funding this project with a combination of cash/securities in the amount of \$17,500, and the fair market value of leases totaling \$1,179,314. The Applicants provided documentation proving financing for the proposed project comes from physician investors purchasing units in the applicant's limited liability company (internal sources), and that sufficient financial viability exists to fund the project in its entirety. Therefore, these criteria have been met.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS TERMS OF DEBT FINANCING (77 ILAC 1120.140 (a) (b))**

### **C) Criterion 1120.140 (c) - Reasonableness of Project Costs**

The State Board staff applied the reported clinical costs against the applicable State Board standards.

**Fair Market Value of Leased Space** – These costs total \$434,719. The State Board does not have a standard for these costs.

**Fair Market Value of Leased Equipment** – These cost total \$245,250. The State Board does not have a standard for these costs.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 ILAC 1120.140(c))**

### **D) Criterion 1120.140(d) Projected Operating Costs**

**To determine compliance with this criterion the Applicants must provide documentation of the projected operating costs per procedure.**

The Applicants provided the necessary information as required. The projected operating cost per procedure is \$1,100. The State Board has no applicable standard for these costs.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 ILAC 1120.140(d))**

### **E) Criterion 1120.140(e) – Total Effect of the Project on Capital Costs**

**To determine compliance with this criterion the Applicants must provide documentation of the projected capital costs per equivalent patient day.**

The Applicants provided the necessary information as required. The projected capital cost per procedure is \$846.81. The State Board has no applicable standard for these costs.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 ILAC 1120.140(e))**



TABLE FIVE

## Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
<b>Oak Lawn Endoscopy Center</b>	Oak Lawn	Limited	15	2	5,929	Y	Y	Y
<b>Palos Surgicenter</b>	Palos Heights	Multi	15	5	5,172	N	Y	N
<b>Novamed/Ctr. for Reconstructive Surg.</b>	Oak Lawn	Multi	17	4	1,444	Y	Y	N
<b>Palos Hills Surgery Center</b>	Palos Hills	Limited	21	2	2,055	N	Y	Y
<b>Ingalls Same Day Surgery</b>	Tinley Park	Multi	21	4	4,038	N	Y	N
<b>Magna Surgery Center</b>	Bedford Park	Multi	23	3	2,487	Y	Y	N
<b>United Shockwave/United Urology</b>	LaGrange	Limited	23	1	2,258	Y	Y	Y
<b>Hinsdale Surgical Ctr.</b>	Hinsdale	Multi	23	6	5,711	Y	Y	N
<b>Eye Surgery Ctr. Hinsdale</b>	Hinsdale	Limited	23	3	2,675	N	Y	N
<b>South Loop Endo &amp; Wellness Ctr.</b>	Chicago	Limited	24	2	1,616	Y	Y	Y
<b>Preferred Surgicenter</b>	Orland Park	Multi	26	5	582	N	Y	N
<b>Southwest ASC/Tinley Woods Surg.</b>	Tinley Park	Multi	26	5	4,341	N	Y	N
<b>Surgicore</b>	Chicago	Limited	28	1	274	N	Y	Y
<b>Hyde Park Same Day Surgicenter</b>	Chicago	Multi	28	1	1,532	N	Y	Y
<b>Elmhurst Outpatient Surgicenter</b>	Elmhurst	Multi	28	8	7,774	N	Y	N
<b>Southwest Surgicenter</b>	Mokena	Multi	29	5	5,874	N	Y	N
<b>Palos Health Surgery Center</b>	Orland Park	N/A	29	4	N/A	N/A	N/A	N/A
<b>Elmhurst Foot &amp; Ankle Surgery Ctr</b>	Elmhurst	Limited	29	1	252	Y	Y	Y
<b>*Rush Surgicenter</b>	Chicago	Multi	31	4	6,062	N	Y	Y
<b>Chicago Prostate Cancer Surgery Ctr</b>	Westmont	Limited	31	2	581	N	Y	N
<b>Rush Oak Brook Surgery Center</b>	Oak Brook	N/A	32	8	N/A	N/A	N/A	N/A
<b>*Chicago Vascular ASC Westmont</b>	Westmont	Limited	33	3	N/A	N/A	N/A	N/A
<b>Children's OP Services at Westchester</b>	Westchester	Multi	34	3	2,804	Y	N	N

TABLE FIVE

Facilities in the 45 Minute Travel Radius of Proposed Facility								
Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
<b>Westmont Surgery Ctr./Salt Creek ASC</b>	Westmont	Multi	34	4	3,031	N	Y	N
<b>Gold Coast Surgicenter</b>	Chicago	Multi	35	4	4,323	N	Y	N
<b>The Oak Brook Surgical Centre</b>	Oak Brook	Multi	35	6	2,512	Y	Y	N
<b>*Loyola ASC at Oak Brook</b>	Oakbrook	Multi	35	3	4,488	Y	Y	Y
<b>Grand Avenue Surgical Center</b>	Chicago	Multi	36	3	818	N	N	N
<b>River North Same Day Surgery</b>	Chicago	Multi	37	4	3,373	Y	Y	N
<b>DMG Surgical Center</b>	Lombard	Multi	37	8	10,956	N	Y	Y
<b>Ambulatory Surgical Ctr. Downers Grove</b>	Downers Grove	Limited	38	3	1,067	N	N	N
<b>Midwest Center for Day Surgery</b>	Downers Grove	Multi	39	5	3,589	Y	Y	N
<b>Cadence ASC/Northwest Surgery Ctr.</b>	Warrenville	Limited	39	4	4,254	Y	Y	N
<b>*Chicago Vascular ASC Woodridge</b>	Woodridge	N/A	41	1	N/A	N/A	N/A	N/A
<b>Loyola University ASC</b>	Maywood	Multi	42	8	9,896	Y	Y	N
<b>Foot &amp; Ankle Surgery Ctr./Regenerative</b>	Des Plaines	Multi	45	3	988	Y	Y	Y
<b>Riverside ASC</b>	Bourbonnais	Multi	45	2	1,590	Y	Y	Y
				146	114,346			

**TABLE FIVE (continued)**  
**HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT**

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
<b>Metro South Medical center</b>	Blue Island	7	15	10,764	Y	Y	N
<b>Little Company of Mary Hosp.</b>	Evergreen Park	9	16	11,864	Y	Y	N
<b>Advocate Christ Hospital</b>	Oak Lawn	10	50	85,618	Y	Y	Y
<b>Roseland Community Hospital</b>	Chicago	16	5	658	Y	Y	N
<b>Palos Community Hospital</b>	Palos Heights	17	18	27,042	Y	Y	Y
<b>Advocate Trinity Hospital</b>	Chicago	17	11	8,131	Y	Y	N
<b>Ingalls Memorial Hospital</b>	Harvey	18	13	10,163	Y	Y	N
<b>Advocate South Suburban</b>	Hazel Crest	19	11	16,444	Y	Y	Y
<b>St. Bernard Hospital</b>	Chicago	19	7	2,416	Y	Y	N
<b>Jackson Park Hospital</b>	Chicago	19	6	1,990	Y	Y	N
<b>Holy Cross Hospital</b>	Chicago	20	12	6,428	Y	Y	N
<b>University of Chicago Hospital</b>	Chicago	21	50	98,186	Y	Y	Y
<b>Provident Hospital Chicago</b>	Chicago	23	8	4,156	Y	Y	N
<b>South Shore Hospital</b>	Chicago	24	5	2,021	Y	Y	N
<b>Franciscan St. James Hospital</b>	Olympia Fields	26	13	6,341	Y	Y	N
<b>Adventist Hinsdale Hospital</b>	Hinsdale	26	16	23,277	Y	Y	Y
<b>Elmhurst Memorial Hospital</b>	Elmhurst	27	20	34,750	Y	Y	Y
<b>Adventist LaGrange Hospital</b>	LaGrange	28	15	15,849	Y	Y	N
<b>Silver Cross Hospital</b>	New Lenox	30	16	30,460	Y	Y	Y

**TABLE FIVE (continued)**  
**HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT**

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
<b>Rush University Medical Ctr.</b>	Chicago	31	42	76,160	Y	Y	Y
<b>University of Illinois Hospital</b>	Chicago	32	27	51,095	Y	Y	Y
<b>Cook County Stroger Hospital</b>	Chicago	34	28	47,359	Y	Y	Y
<b>Franciscan St. James Hospital</b>	Chicago Heights	35	15	7,921	Y	Y	N
<b>Northwestern Memorial Hosp.</b>	Chicago	35	77	132,231	Y	Y	Y
<b>Adventist Bolingbrook Hospital</b>	Bolingbrook	36	9	15,501	Y	Y	Y
<b>Advocate Good Samaritan</b>	Downers Grove	36	22	27,871	Y	Y	N
<b>Presence St. Joseph Hospital</b>	Chicago	39	25	11,237	Y	Y	N
<b>Weiss Memorial Hospital</b>	Chicago	41	14	10,266	Y	Y	N
<b>Adventist Glen Oaks Hospital</b>	Glendale Heights	41	6	3,637	Y	Y	N
<b>Presence St. Mary of Nazareth</b>	Chicago	42	13	13,474	Y	Y	N
<b>Thorek Memorial Hospital</b>	Chicago	42	72	4,294	Y	Y	N
<b>Loyola University Medical Ctr.</b>	Maywood	43	33	75,340	Y	Y	Y
<b>Westlake Hospital</b>	Melrose Park	44	9	3,119	Y	Y	N
<b>MacNeal Hospital</b>	Berwyn	45	18	25,916	Y	Y	Y
<b>Total Hospitals</b>			717	901,979			
Travel time determined using formula in 77ILAC 1100.510 (d)							
Data taken from CY 2015 Hospital/ASTC Profiles							
NA – information not available							

<b>TABLE SIX</b> <b>Charges for Procedures Performed at Proposed ASTC</b>		
<b>CPT Description</b>	<b>2017 CPT Code</b>	<b>Charge</b>
<b>Perm Pacemaker, Atrial</b>	33206	\$23,343
<b>Perm Pacemaker, Ventricular</b>	33207	\$22,975
<b>Perm Pacemaker, AV Sequential</b>	33208	\$23,517
<b>Temp Pacemaker, Single Chamber</b>	33210	\$11,092
<b>Perm Pacer Generator, SC</b>	33212	\$17,151
<b>Perm Pacer Generator, DC</b>	33213	\$23,228
<b>Reposition RA or RV Electrode</b>	33215	\$3,854
<b>Insert Electrode 1 Chamber</b>	33216	\$15,748
<b>Pacemaker Pulse Generator</b>	33221	\$38,432
<b>ICD Skin Pocket Revision</b>	33223	\$2,331
<b>Insert LV Electric New System</b>	33224	\$23,314
<b>RMV/Replace Perm Pacemaker SL</b>	33227	\$17,078
<b>RMV/Replace Perm Pacemaker DL</b>	33228	\$22,986
<b>RMV Replace Perm Pacemaker ML</b>	33229	\$37,395
<b>Remove Pacemaker Generator</b>	33233	\$11,092
<b>Remove AICD Generator</b>	33241	\$4,179
<b>Implant AICD Lead(s) + Generator</b>	33249	\$80,666
<b>Remove/Insert AICD/Gen SL</b>	33262	\$57,900
<b>Remove/Insert AICD/Gen DL</b>	33263	\$58,476
<b>Remove/Insert AICD/Gen ML</b>	33264	\$81,030
<b>SubQ PM System (Gen/Lead)</b>	33270	\$80,356
<b>Implant Event Recorder-ILR</b>	33282	\$18,520
<b>Remove Implant Event Recorder</b>	33284	\$880
<b>Revascularization Iliac Artery</b>	37220	\$6,693
<b>Revascularization Iliac Artery w/ Stent</b>	37221	\$18,325
<b>Revascularization Femoral/Popliteal Artery</b>	37224	\$10,523
<b>Revascularization Femoral/Popliteal Artery w/ Arterectomy</b>	37225	\$22,570
<b>Revascularization Femoral/Popliteal Artery w/Stent</b>	37226	\$19,904
<b>Revascularization Femoral/Popliteal Artery w/ Arterectomy and Stent</b>	37227	\$32,933
<b>Revascularization Tibial/Peroneal Artery</b>	37228	\$12,687
<b>Revascularization Tibial/Peroneal Artery w/ Arterectomy</b>	37229	\$30,497
<b>Revascularization Tibial/Peroneal Artery w/ Stent</b>	37230	\$30,567
<b>Revascularization Tibial/Peroneal Artery w/ Arterectomy and Stent</b>	37231	\$30,103
<b>Transcatheter Placement of an Intravascular Stent, Initial Artery</b>	37236	\$12,687
<b>Transcatheter Placement of an Intravascular Stent, Initial Vein</b>	37238	\$19,192



# 17-058 Premier Cardiac Surgery Center - Merrionette Park

