



17-059

October 25, 2017

Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761

RECEIVED

OCT 23 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Application for CON Permit

On behalf of Deerpath Orthopedic Surgical Center, find enclosed an application for CON Permit, and a check for \$2,500.00 made out to the Illinois Department of Public Health as a deposit on application fees. The project is for the addition of surgical specialties to this ASTC.

As you have any questions, please contact me at 312.804.9401 or by email at jmark@jsma.com.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey S. Mark".

Jeffrey S. Mark
Principal

JSMA LLC
CONSULTANTS + ARCHITECTS
1182 S. Plymouth Ct, 1SW
Chicago, IL 60605
(312) 804-9401

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

OCT 23 2017

Facility/Project Identification

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility Name:	Deerpath Orthopedic Surgical Center, LLC		
Street Address:	1051 West U.S Route 6		
City and Zip Code:	Morris, Illinois 60450		
County:	Grundy	Health Service Area:	009 Health Planning Area: 063

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Deerpath Orthopedic Surgical Center, LLC
Street Address:	1051 West U.S Route 6
City and Zip Code:	Morris, Illinois 60450
Name of Registered Agent:	Keith M. Rezin, MD
Registered Agent Street Address:	1051 West U.S Route 6
Registered Agent City and Zip Code:	Morris, Illinois 60450
Name of Chief Executive Officer:	Keith M. Rezin, MD
CEO Street Address:	1051 W. Route 6
CEO City and Zip Code:	Morris, Illinois 60450
CEO Telephone Number:	815.318.5666

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
Other	

- Corporations and limited liability companies must provide an Illinois certificate of good standing.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Thomas J Dohm
Title:	Vice President, Professional Services
Company Name:	Morris Hospital and Healthcare Centers
Address:	150 W High St, Morris IL 60450
Telephone Number:	(815) 942-8244
E-mail Address:	tdohm@morrishospital.org
Fax Number:	

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	Keith M. Rezin, MD
Title:	Director
Company Name:	Deerpath Orthopedic Surgical Center, LLC
Address:	1051 W. Route 6, Morris, IL 60450
Telephone Number:	815.318.5666
E-mail Address:	krezin@rocsc.com
Fax Number:	

Additional Contact [Person who is also authorized to discuss the application for permit]

Name:	Jeffrey S Mark
Title:	Principal
Company Name:	JSMA LLC
Address:	1182 S Plymouth Ct, 1SW, Chicago, IL 60605
Telephone Number:	312.804.9401
E-mail Address:	jmark@jsma.com
Fax Number:	

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name:	Keith M. Rezin, MD
Title:	Director
Company Name:	Deerpath Orthopedic Surgical Center, LLC
Address:	1051 W. Route 6, Morris, IL 60450
Telephone Number:	815.318.5666
E-mail Address:	krezin@rocsc.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Morris Hospital & Healthcare Centers
Address of Site Owner:	150 W. High Street, Morris IL 60450
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:	Deerpath Orthopedic Surgical Center		
Address:	1051 W. Route 6, Morris, IL 60450		
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	
Other			
<input type="checkbox"/> Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.			

- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements -- NOT APPLICABLE

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☐ Substantive
- ☒ Non-substantive

DESCRIPTION OF THE PROJECT

Deerpath Orthopedic Surgical Center, LLC, ASTC, is a joint venture with Morris Hospital & Healthcare Centers. The ASTC is proposing to expand its surgical services utilizing its existing facility capacity. The entirety of additional cases are to be referred from the existing caseload at Morris Hospital & Healthcare Centers. It is intended that the Deerpath ASTC will become a prime site for the Hospital's ambulatory surgery service program. The following are the surgical specialties being proposed :

1. Endoscopy:
2. ENT:
3. Ophthalmology:
4. Urology:
5. GYN:
6. General Surgery:
7. Pain Management

No other healthcare facilities will be affected.

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Deerpath Orthopedic Surgical Center is an existing limited specialty ASTC located in Morris Illinois. Its current specialties include orthopedics and podiatry. The current utilization of Center's 2 operating rooms is approximately 29 percent, well below the Board's target of 75 percent. Morris Hospital & Medical Healthcare Centers is a major participant in the ownership of the Deerpath ASTC, having a 48 percent interest.

This project will coordinate the caseloads and facility capacities among Deerpath and Morris Hospital & Healthcare Centers. It intends to position the programs at both facilities for better coordination of patient care and more efficient use of resources. This project is directly responsive to one of the HFSRB's key statutory objectives:

"... promotes through the process of comprehensive health planning the orderly and economic development of health care facilities in the State of Illinois to avoid unnecessary duplication of facilities or services;" (20 ILCS 3960/2)

After detailed strategic and operational planning, it has been determined that the referral of additional specialty volumes currently performed at Morris Hospital to Deerpath ASTC will assist both facilities and the greater community area in repositioning themselves for the continuing trends in healthcare delivery, and improve the patient experience and quality of care. Specifically, this project will:

1. Optimize the use of the facility capacity at Deerpath;
2. Improve the patient experience by providing more convenience, shorter visit times, and lower costs while maintaining the coordination of patient care;
3. Establish Deerpath ASTC as a primary site for Morris Hospital and Healthcare Centers' ambulatory surgery service; and
4. Avoid duplicative services by coordination and consolidation of outpatient surgical facilities among the Hospital and the ASTC.

All the additional patient volume being proposed for Deerpath is to be referred from the caseload at Morris Hospital.

Morris Hospital & Healthcare Centers is currently planning an extensive modernization project, above the CON capital threshold. In its project planning Morris will consolidate its surgical capacity to account for the caseload being deflected to Deerpath Orthopedic Surgical Center. A CON application will be submitted for this modernization project in mid-2018.

The project is a continuation in the development of the Morris Hospital & Healthcare Centers network of 25 community health centers. The Hospital and Deerpath ASTC are the only hospital and ASTC located in Grundy County.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	55,000		55,000
Movable or Other Equipment (not in construction contracts)	527,500		527,500
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized (equipment contingency)	\$17,500		\$17,500
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$600,000		\$600,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources (Bank Loan)	\$600,000		\$600,000
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price:	\$ _____	
Fair Market Value:	\$ _____	
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ _____.		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140):	December 31, 2018
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT B, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements NOT APPLICABLE

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization NOT APPLICABLE

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		CITY:			
REPORTING PERIOD DATES: From: to:					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care <i>Direct Admissions</i> <i>Transfers</i>					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION – Deerpath Orthopedic Surgery Center

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf Deerpath Orthopedic Surgery Center in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

Keith Rezin
SIGNATURE

Keith Rezin
PRINTED NAME

Member
PRINTED TITLE

Notarization:

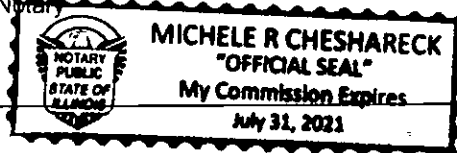
Subscribed and sworn to before me

this 17th day of October, 2017

Michele R Cheshareck

Signature of Notary

Seal



Mark Steadham
SIGNATURE

Mark Steadham
PRINTED NAME

Member
PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 17th day of October, 2017

Ann M Finnegan

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION NOT APPLICABLE

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

NOTE: If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 – Discontinuation (State-Owned Facilities and Relocation of ESRD's)

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.230 – Purpose of the Project, and Alternatives**PURPOSE OF PROJECT**

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 relevant 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 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.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE NOT APPLICABLE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service	
<input type="checkbox"/>	Cardiovascular
<input type="checkbox"/>	Colon and Rectal Surgery
<input type="checkbox"/>	Dermatology
<input type="checkbox"/>	General Dentistry
<input checked="" type="checkbox"/>	General Surgery Proposed
<input checked="" type="checkbox"/>	Gastroenterology Proposed
<input type="checkbox"/>	Neurological Surgery
<input type="checkbox"/>	Nuclear Medicine
<input checked="" type="checkbox"/>	Obstetrics/Gynecology Proposed
<input checked="" type="checkbox"/>	Ophthalmology Proposed
<input type="checkbox"/>	Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/>	Orthopedic Surgery Existing
<input checked="" type="checkbox"/>	Otolaryngology (ENT) Proposed
<input checked="" type="checkbox"/>	Pain Management Proposed
<input type="checkbox"/>	Physical Medicine and Rehabilitation
<input type="checkbox"/>	Plastic Surgery
<input checked="" type="checkbox"/>	Podiatric Surgery Existing
<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Thoracic Surgery
<input checked="" type="checkbox"/>	Urology Proposed
<input type="checkbox"/>	Other

READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.1540(c)(2) – Service to GSA Residents	X	X
1110.1540(d) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.1540(e) – Service Demand – Expansion of Existing ASTC Service		X
1110.1540(f) – Treatment Room Need Assessment	X	X
1110.1540(g) – Service Accessibility	X	
1110.1540(h)(1) – Unnecessary Duplication/Maldistribution	X	
1110.1540(h)(2) – Maldistribution	X	
1110.1540(h)(3) – Impact to Area Providers	X	
1110.1540(i) – Staffing	X	X
1110.1540(j) – Charge Commitment	X	X
1110.1540(k) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____X_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;

_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS **ATTACHMENT 34**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver NOT APPLICABLE

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS **ATTACHMENT 35**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT NOT APPLICABLE

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for **ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES** [20 ILCS 3960/5.4]:

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.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI. CHARITY CARE INFORMATION SEE ATTACHMENT 39

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	25
2	Site Ownership	26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Flood Plain Requirements	31
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	32
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	33-37
12	Purpose of the Project	38-39
13	Alternatives to the Project	40
14	Size of the Project	
15	Project Service Utilization	41
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	
25	Non-Hospital Based Ambulatory Surgery	42-80
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	Financial and Economic Feasibility:	
34	Availability of Funds	81
35	Financial Waiver	
36	Financial Viability	82-94
37	Economic Feasibility	95-97
38	Safety Net Impact Statement	
39	Charity Care Information	39

APPLICANT CERTIFICATE OF GOOD STANDING

File Number

0066080-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DEERPATH ORTHOPEDIC SURGICAL CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 01, 2002, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication # 1724700520 verifiable until 10/14/2018
Authenticate at <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of OCTOBER A.D. 2017 .

Jesse White

SECRETARY OF STATE

LETTER REGARDING SITE OWNERSHIP



October 17, 2017

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson St.
Springfield, IL 62761

Dear Ms. Avery:

Morris Hospital and Healthcare Centers hereby certifies that it is the owner of the site and structure occupied by Deerpath Orthopedic Surgery Center located at 1051 W. Route 6, Morris, IL 60450.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mark Steadham".

Mark Steadham
Officer of Morris Hospital & Healthcare Centers

Subscribed and sworn to before me this
17th day of October, 2017

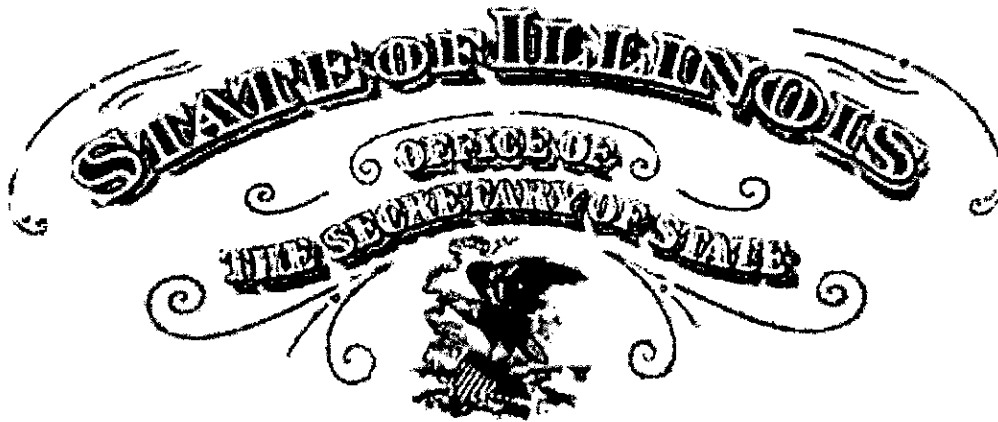
A handwritten signature in dark ink, appearing to read "Ann M. Finnegan".

Notary Public

**CERTIFICATE OF GOOD STANDING DEERPATH ORTHOPEDIC SURGICAL CENTER
LICENSEE**

File Number

0066080-9



To all to whom these Presents Shall Come, Greeting:

*I, Jesse White, Secretary of State of the State of Illinois, do hereby
certify that I am the keeper of the records of the Department of
Business Services. I certify that*

DEERPATH ORTHOPEDIC SURGICAL CENTER, LLC, HAVING ORGANIZED IN THE
STATE OF ILLINOIS ON FEBRUARY 01, 2002, APPEARS TO HAVE COMPLIED WITH ALL
PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF
THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN
THE STATE OF ILLINOIS.



Authentication #: 1928700626 verifiable until 10/14/2018
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of OCTOBER A.D. 2017 .***

Jesse White

SECRETARY OF STATE

PERSONS WITH 5% OR MORE OWNERSHIP

The following persons have a 5 percent or greater interest in the licensee:

Name	Address	Percent Interest
Morris Hospital & Healthcare Center	150 W High St, Morris, Illinois 60450	48.40
Keith M. Rezin, MD	1051 W. Route 6, Morris, IL 60450	18.90
Eric T Orlica, MD	1051 W. Route 6, Morris, IL 60450	10.84
Raymond J Meyer, MD	1051 W. Route 6, Morris, IL 60450	10.84
Kyle T. Pearson, D.P.M	1051 W. Route 6, Morris, IL 60450	5.00

CERTIFICATE OF GOOD STANDING MORRIS HOSPITAL & HEALTHCARE CENTERS

File Number 1012-284-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MORRIS HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 05, 1906, ADOPTED THE ASSUMED NAME MORRIS HOSPITAL & HEALTHCARE CENTERS ON OCTOBER 27, 2003, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



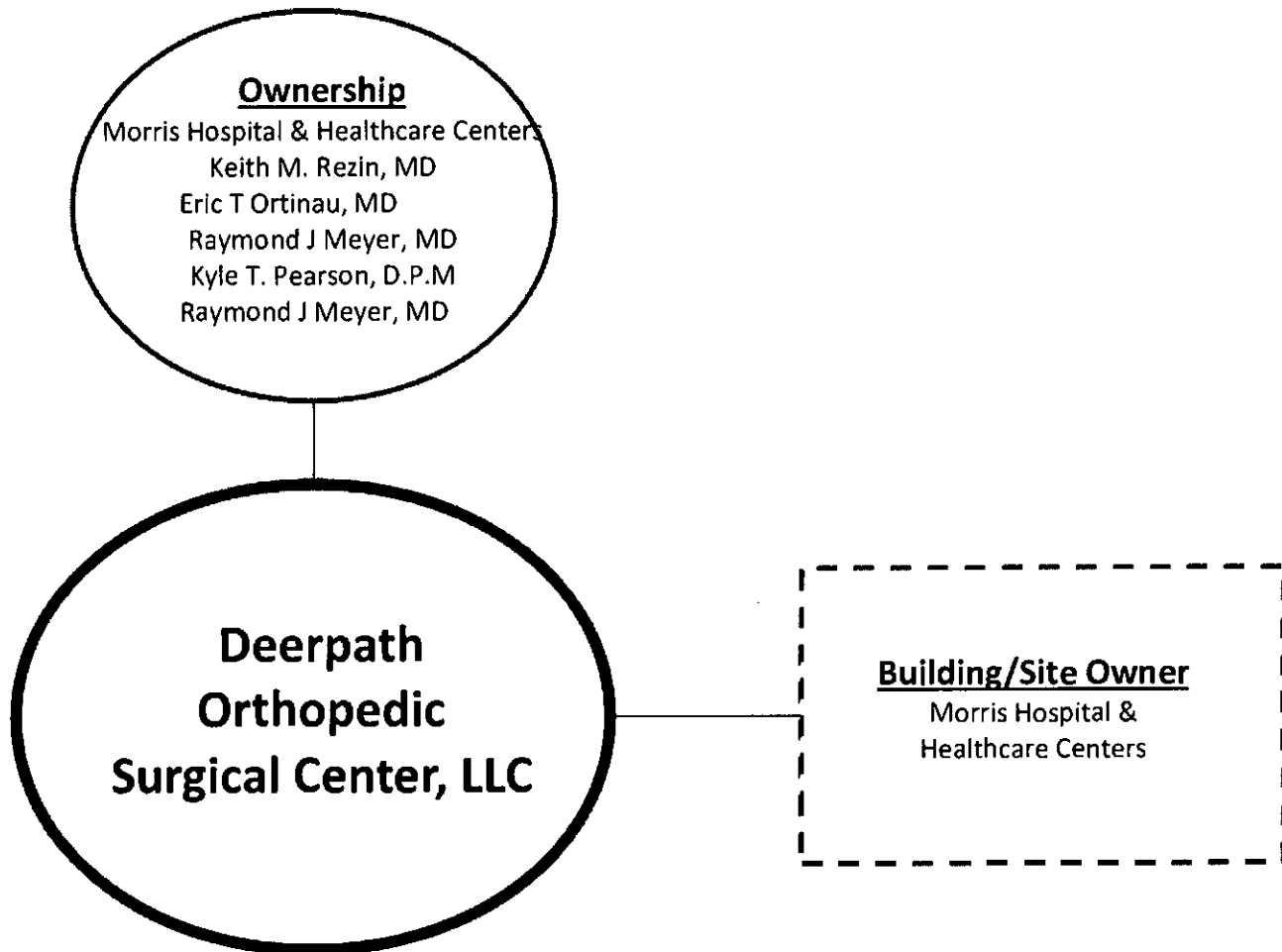
In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 14TH
day of OCTOBER A.D. 2017 .

Jesse White

SECRETARY OF STATE

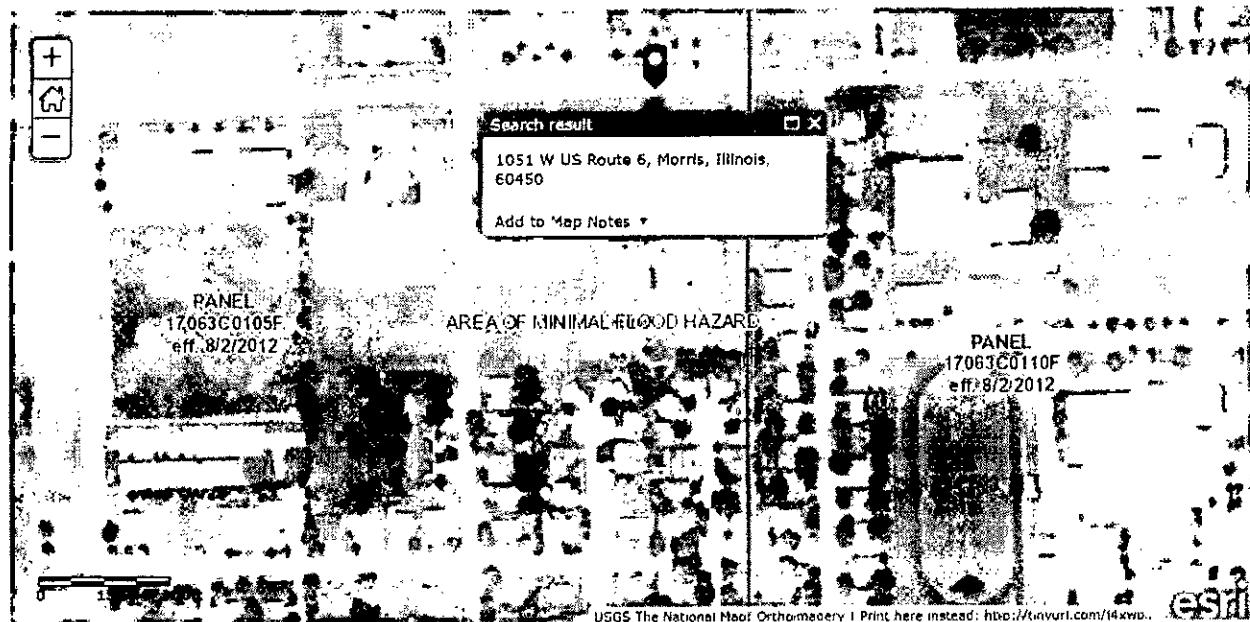
Authentication #: 172070D914 verifiable until 10/14/2018
Authenticate at: <http://www.cybertrustofillinois.com>

ORGANIZATIONAL RELATIONSHIPS



FLOOD PLAIN REQUIREMENTS

Deerpath Orthopedic Surgical Center is located at 1051 W. US Route 6, Morris Illinois. The site is not in a flood plain. The map is from "FEMA's National Flood Hazard Layer (Official)"



Source web address:

<http://fema.maps.arcgis.com/home/webmap/viewer.html?webmap=cbe088e7c8704464aa0fc34eb99e7f30&extent=-88.5144806,41.3575172,-88.3223648,41.2126083>

PROJECT AND SOURCES OF FUNDS ITEMIZATION

Consulting and other fees (total)	\$55,000
CON Preparation and Application Fees	
Medical Equipment:	\$527,500
Contingency for Misc. Medical Equipment	\$17,500
Total	\$600,000

Medical Equipment - New Specialties

Endoscopy (GI & EGD Scopes, Light Source, Screen, Pumps & Suction, Washer Disinfector):	\$150,500		
ENT (Instrument trays, Microscope)	\$23,000		
Ophthalmology (Instrument trays, Microscope, Phaco)	\$131,000		
Urology (Cysto Instrument trays)	\$25,000		
GYN (Instrument trays, Endoscope)	\$28,000		
General Surgery (Laposcopic Tower, Instrument trays)	\$120,000		
Pain Management	\$0		
		\$477,500	
Computer & Communications Upgrades		50,000	\$ 527,500

The entirety of the Project Costs will be funded through a bank loan. See Attachment 37 for the lending institution and the terms of the loan.

BACKGROUND OF APPLICANT

The Deerpath Orthopedic Surgical Center was established in 2003 as a limited specialty ASTC consisting of 2 operating rooms and providing orthopedic and podiatric services. It was established as a joint venture with Morris Hospital, the physicians and surgeons of Rezin Orthopedics and Sports Medicine and the surgeons of Centers for Foot and Ankle Surgery. The facility is committed to the care of patients within its communities. The facility focuses on patient satisfaction and providing high quality medical care.

The only healthcare facility owned and/or operated by Deerpath is the Deerpath Orthopedic Surgical Center.


Significant ownership is maintained by Morris Hospital & Healthcare Centers, the only hospital located in Grundy County. It is the intent of this project that Deerpath ASTC will become a primary location for the Hospital's ambulatory surgery program and an integral part of the Morris healthcare network. Founded in 1906, the Hospital has been serving these communities for over 110 years.

Over the past 100 years, thousands of physicians, nurses and support staff have dedicated their lives to serving patients in Morris and the surrounding communities through Morris Hospital and Healthcare Centers. Among its accomplishments have been:

- Serves as a Resource Hospital within Region VII Emergency Medical Services.
- Operates 25 community based ambulatory centers providing a variety of services such as: primary and specialty physician visits; laboratory; imaging, including CT; and immediate care.
- Morris Hospital and the Morris Community YMCA have established a partnership to enhance the health and wellness of Grundy County residents.
- Recipient of The Advisory Board Company's **2017 Workplace of the Year Award**, an annual award that recognizes hospitals and health systems nationwide that have outstanding levels of employee engagement. (2017)
- A Truven Health Analytics **100 Top Hospitals®** award winner (2016)
- Listed on Becker's Hospital Review's "**100 Great Community Hospitals**" list (2016, 2017)
- Winner of 12, **5-Star Excellence in Healthcare Awards** for scoring in the top 10 percent of Professional Research Consultant's national client database. (2017).
- Winner of Professional Research Consultant's **Top Performer Award for Nursing Care** based on the percentage of physicians who rated Morris Hospital nursing care as excellent (2016)

Deerpath ASTC and Morris Hospital and Healthcare Centers, are the only ASTC and Hospital in Grundy County, both facilities will continue to develop coordinated health services for Morris and the surrounding communities.

OPERATING LICENSE

 Illinois Department of PUBLIC HEALTH			HF112738
LICENSE PERMIT CERTIFICATION REGISTRATION			
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>			
Nirav D. Shah, M.D., J.D. Director		<small>Issued under the authority of the Illinois Department of Public Health</small>	
EXPIRATION DATE 5/9/2018	CATEGORY	LIC. NUMBER 7002785	
Ambulatory Surgery Treatment Center			
Effective: 05/10/2017			
Deerpath Orthopedic Surgical Center, LLC 1051 W. Route 6 Morris, IL 60450			
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois - PD #18240.5M 5/16</small>			

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 5/9/2018
Lic Number 7002785
Date Printed 2/17/2017

Deerpath Orthopedic Surgical Center,
1051 W. Route 6
Morris, IL 60450

FEE RECEIPT NO.

ACCREDITATION CERTIFICATE



ACCREDITATION
ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

grants this

CERTIFICATE OF ACCREDITATION

to

DEERPATH ORTHOPEDIC SURGICAL CENTER, LLC

1051 W ROUTE 6
MORRIS, IL 60450

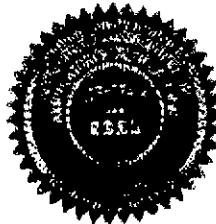
*In recognition of its commitment to high quality of care and substantial compliance
with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.*

23540

Organization Identification Number


KENNETH M. SADLER, DDS, MPA

Chair of the Board



DECEMBER 24, 2019


The Period of Accreditation expires on the above date.


MEENA DESAI, MD

Past Chair of the Board

ASSOCIATION MEMBERS

ASCA Foundation • American Academy of Cosmetic Surgery • American Academy of Dental Group Practices • American Academy of Dermatology
American Academy of Facial Plastic and Reconstructive Surgery • American Association of Oral and Maxillofacial Surgeons • American College of Gastroenterology
American College Health Association • American College of Mohs Surgery • American Congress of Obstetricians & Gynecologists • American Dental Association
American Gastroenterological Association • American Society of Anesthesiologists • American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy • Association of periOperative Registered Nurses • Society for Ambulatory Anesthesia

 5200 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077
PHONE: 847/511-8080 • E-MAIL: INFO@AAAHC.ORG • WEB SITE: WWW.AAAHC.ORG

ADVERSE ACTION/AUTHORIZATION LETTER -- DEERPATH



October 17, 2017

Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761

Dear Sir or Madam:

This hereby affirms that no adverse actions have been taken against any facility owned and/or operated by Deerpath Orthopedic Surgery Center during the three years prior to the filing of this application.

This also authorizes HFSRD and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable, and the records of nationally recognized accreditation organizations.

Sincerely,

A handwritten signature in black ink, appearing to read 'Keith Rezin, MD'. The signature is written in a cursive, flowing style.

Keith Rezin, MD
Deerpath Orthopedic Surgery Center



Deerpath Orthopedic Surgical Center, LLC

1051 W. Mt. St. Morris, IL 60450 • (515) 314-5000 • Fax (515) 314-5000

ADVERSE ACTION/AUTHORIZATION LETTER -- MORRIS HOSPITAL



October 17, 2017

Health Facilities and Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois 62761

Dear Sir or Madam:

This hereby affirms that no adverse actions have been taken against any facility owned and/or operated by Deerpath Orthopedic Surgery Center during the three years prior to the filing of this application.

This also authorizes HFSRB and IDPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states when applicable, and the records of nationally recognized accreditation organizations.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Steadham".

Mark Steadham
Morris Hospital & Healthcare Centers

150 West High Street Morris IL 60450 815.942.7932 www.morrishospital.org

People You Know. Extraordinary Care.

PURPOSE OF PROJECT

The Deerpath Orthopedic Surgical Center was established in 2003 as a limited specialty ASTC consisting of 2 operating rooms and providing orthopedic and podiatric services. It was established to provide limited services as a joint venture with Morris Hospital, the physicians and surgeons of Rezin Orthopedics and Sports Medicine and the surgeons of Centers for Foot and Ankle Surgery.

This expansion project is being coordinated with Morris Hospital & Healthcare Centers, also in Morris, about 1 mile from Deerpath. After detailed strategic and operational planning, it has been determined that the deflection of additional specialty volumes exclusively from Morris Hospital to Deerpath will assist both facilities and the greater community area in repositioning themselves for the continuing trends in healthcare delivery.

Once implemented this project will:

1. Optimize the facility utilization of the existing treatment capacity at Deerpath ASTC

Currently, Deerpath is operating at about 29 percent utilization. Within 2 years of project approval, Deerpath ASTC will be operating above the Board's targeted utilization of 75 percent;

2. Improve the patient experience by providing more convenience and lower costs for outpatient surgical cases currently performed at Morris Hospital;

The total costs for procedures being deflected from hospital based to ASTC based are expected to be significantly lower for both the patient and the 3rd party payor. The following example is the comparison of the **expected Medicare reimbursement**. (see Attachment 25g for more information).

Procedure Code	Short Descriptor	ASC Medicare Payment			HOPD Medicare Payment		
		Medicare Portion	Patient Co-Pay	Total Payment	Medicare Portion	Patient Co-Pay	Total Payment
66984	Cataract Surgery	\$788	\$197	\$985	\$1,608	\$402	\$2,010

Within the ASC (Ambulatory Surgery Center) the 3rd party payer, Medicare, and the patient about 50 percent respectively, versus the HOPD (Hospital Outpatient Department). Additionally, it is expected that the total patient experienced perioperative times (registration/preop/procedure/recovery/discharge) will be reduced by at least 33 percent, consistent with published data¹.

By optimizing the utilization at Deerpath ASTC, the fixed costs per case will be reduced such that the cost of providing services will be lowered. (see Projected Operating Costs in Attachment 37).

3. Avoid duplicative services and duplicative costs by coordination with Morris Hospital to consolidate and improve its surgical facilities.

¹ Brionna Hair, M.P.H., et. al, "A Comparison of Ambulatory Perioperative Times In Hospitals and Freestanding Centers." American Journal of Surgery 2012 Jul; 204(1): 23-27.

DEERPATH ORTHOPEDIC SURGICAL CENTER
Morris, Illinois

Morris Hospital's surgical facilities were constructed circa 1960 and are in need of modernization. Modernization funds will not be expended at Morris Hospital to accommodate the case volume that is going to Deerpath. The deflection of cases to Deerpath is to utilize existing capacity, thereby improving its efficiencies and reducing facility duplication.

This project will coordinate and consolidate the ambulatory surgical programs at Deerpath ASTC and Morris Hospital. This is directly responsive to the Board's statutory objective:

"... promotes through the process of comprehensive health planning the orderly and economic development of health care facilities in the State of Illinois to avoid unnecessary duplication of facilities or services;" (20 ILCS 3960/2)

The facility's Geographic Service Area (GSA) has been defined as the zip codes within a 45 minute drive time of the facility. Over 90 percent of the patients historically served reside in this GSA. It is estimated that this percentage will continue into the future. See Attachment 25 for more detail.

Deerpath Orthopedic Surgical Center and Morris Hospital & Healthcare Centers are the only Hospital and ASTC facilities in Grundy County. By implementing this project Deerpath ASTC becomes a primary site of Morris Hospital's ambulatory surgery program. Together, Deerpath ASTC and Morris Hospital and Healthcare Centers will continue to develop comprehensive and consolidated health services for its patient population.

ALTERNATIVES TO PROJECT

Alternative 1: Maintain All Surgical Services and Caseload at Morris Hospital & Healthcare Centers

The Morris Hospital surgical facilities were constructed in the 1960's and are in need of upgrading and modernization. If the Hospital were to renovate its perioperative facilities to accommodate the full expected caseload (without referrals to Deerpath) we currently estimate that the additional marginal costs of \$1,080,000 to \$1,620,000 in capital expenditures would be required. This includes overall accommodation of the caseload in facilities (procedure rooms and pre- and post-operative processing) as well as medical equipment upgrades and modernization (two to three treatment rooms at 1,200 DGSF each at \$450/sf renovation costs).

By maintaining these procedures in the Hospital, however, our system would not be responsive to the current and projected trends of the shifting venues for outpatient services from the Hospital-based to the ambulatory facility. Additionally, it would be contrary to Morris Hospital & Healthcare Centers' ongoing developments to maximize patient care in terms of quality, convenience and cost. Deerpath ASTC would remain substantially underutilized. For the above reasons, this Alternative was rejected.

Alternative 2: Deflect Patient Caseload to Other ASTCs

Our number one priority is the provision of the highest quality of patient care. For a number of years Morris Hospital & Healthcare Centers has been developing an integrated and comprehensive network of quality patient care services. This is evidenced by the development of 25 healthcare centers throughout the area including the development of a Radiation Therapy Center and the participation in the Deerpath Orthopedic Surgical Center.

Like Deerpath, there are other ASTC's in the area that may have underutilized capacity that could accommodate the deflected caseload. Such a deflection would allow cost savings with Morris Hospital's modernization program. However, it would require patients to travel outside of Grundy County and would create a discontinuity of patient care that is so important to positive clinical outcomes. Deerpath ASTC and Morris Hospital are the only ASTC and hospital located within Grundy County. For the above reasons, this Alternative was rejected.

Alternative 3: Proceed with Proposed Project, Expansion of Deerpath Services

The concept for this project was established during the strategic planning process conducted by Morris Hospital & Healthcare Centers. At that time, the need to upgrade and modernize the Hospital's perioperative facilities became evident. The proposed project was developed to achieve the following:

1. Improve patient experience in time, costs, and convenience;
2. Reduce capital expenditures for the renovation of facilities at Morris Hospital; and
3. Enhance the efficiency of currently underutilized capital resources at Deerpath Orthopedic Ambulatory Surgical Center.

This project's estimated total project cost is: \$600,000. This includes \$55,000 for Consulting and Application Fees and \$545,000 related to Medical Equipment. This is the lowest cost alternative. Additionally, cost savings accrue to Morris Hospital in its consolidation of perioperative facilities in its major modernization project on the order of \$1,080,000 to \$1,620,000 in capital costs alone. Importantly, this alternative promotes quality by maintaining patient care continuity with Morris based physicians. It is also anticipated that this project will improve patient satisfaction with shorter overall perioperative times, and reduced costs for 3rd party payers and patients' out-of-pocket.

PROJECT SERVICES UTILIZATION

UTILIZATION					
		2016 UTILIZATION	2019 PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC Case Hrs.	654	3,142	3,000 hours	Yes
YEAR 2	ASTC Case Hrs.		3,204	3,000 hours	Yes

The table below indicates the calculation for utilization. Calendar year 2016 data are based upon the annual profile reporting. 2017 Hospital Cases are annualized from September 30, 2017 data. Average Case Time is based upon State Summary ASTC profile data, 2016. To be conservative, projections for years 1 and 2 after project completion are based upon a no growth scenario (historic caseload remains constant). We do however, project that the consolidation of surgical services and improvement in patient satisfaction, convenience and the lowering of costs, that growth will occur by the second year of approximately 3 percent per year. This would produce a caseload of 3,509 and utilization of 3,399 hours.

**PROJECTION OF UTILIZATION BASED UPON HISTORICAL REFERRALS
AND EXISTING ASTC VOLUMES ONLY**

Specialty by Physician	2016 Cases	9/30/17 YTD Cases	2017 Annualized Cases	Year 1	Year 2	Age Case Time (hr)	Case Hrs Year 1	Case hrs Year 2
Endoscopy:	1877	1390	1,853	1,668	1,718	0.74	1,234	1,271
ENT:	107	104	139	118	121	1.23	145	149
Ophthalmology:	204	145	193	174	179	0.72	125	129
Urology:	75	46	61	52	54	1.17	61	63
GYN:	78	64	85	68	70	1.10	75	77
General Surgery:	655	510	680	340	350	1.32	449	462
Pain Management	242	131	174	174	174	0.68	118	118
New Services				2,594	2,667		2,208	2,207
Orthopedics	663	402	536	536	536	1.46	806	830
Podiatry	94	79	105	105	105	1.44	156	161
Existing Services at ASTC	757	481	641	641	641		934	934
All Services				3,235	3,308		3,142	3,204

NON HOSPITAL BASED AMBULATORY SURGERY

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.1540(c)(2) – Service to GSA Residents	X	X
1110.1540(d) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.1540(e) – Service Demand – Expansion of Existing ASTC Service		X
1110.1540(f) – Treatment Room Need Assessment	X	X
1110.1540(g) – Service Accessibility	X	
1110.1540(h)(1) – Unnecessary Duplication/Maldistribution	X	
1110.1540(h)(2) – Maldistribution	X	
1110.1540(h)(3) – Impact to Area Providers	X	
1110.1540(i) – Staffing	X	X
1110.1540(j) – Charge Commitment	X	X
1110.1540(k) – Assurances	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 25</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

There are 75 zip codes located within the GSA. The GSA is defined as a 45 minute travel distance from the facility's location.

<i>GSA Zip Codes – 45 Minute Travel Distance</i>				
61769	60961	60545	60481	60436
61764	60935	60544	60479	60435
61743	60934	60543	60474	60434
61740	60929	60541	60470	60433
61373	60920	60540	60467	60432
61372	60919	60538	60460	60431
61371	60917	60537	60451	60424
61360	60913	60536	60450	60421
61350	60586	60531	60448	60420
61348	60585	60518	60447	60416
61341	60565	60512	60444	60410
61325	60564	60507	60442	60408
61313	60560	60503	60441	60407
61301	60551	60491	60440	60404
60969	60549	60490	60437	60403

Deerpath Orthopedic Surgical Center provides services primarily within its GSA. **91 percent of patients treated by the ASTC reside within the GSA.**

Leading Locations of Patient Residence Calendar Year 2016					
Zip Code	City	County	Patients	% of Reported	In GSA
60450	Morris	Grundy	156	24.11%	Yes
61350	Ottawa	LaSalle	63	9.74%	Yes
61341	Marseilles	LaSalle	54	8.35%	Yes
60416	Coal City	Grundy	51	7.88%	Yes
61364	Streator	LaSalle	48	7.42%	No
60410	Channahon	Will	48	7.42%	Yes
60447	Minooka	Grundy	38	5.87%	Yes
61360	Seneca	LaSalle	23	3.55%	Yes
60420	Dwight	Livingston	19	2.94%	Yes
60408	Braidwood	Will	18	2.78%	Yes
60435	Joliet	Will	15	2.32%	Yes
60444	Mazon	Grundy	15	2.32%	Yes
60481	Wilmington	Will	14	2.16%	Yes
60404	Shorewood	Will	11	1.70%	Yes
60424	Gardner	Grundy	10	1.55%	Yes
60431	Joliet	Will	10	1.55%	Yes
61325	Grand Ridge	LaSalle	9	1.39%	Yes
60586	Plainfield	Will	9	1.39%	Yes
60541	Newark	Kendall	9	1.39%	Yes
60551	Sheridan	LaSalle	6	0.93%	Yes
60560	Yorkville	Kendall	6	0.93%	Yes
60548	Sandwich	DeKalb	5	0.77%	No
61342	Mendota	LaSalle	5	0.77%	No
60441	Lockport	Will	5	0.77%	Yes

1110.1540(d) – Service Demand – Establishment of an ASTC or Additional ASTC Service

As stated previously the purpose of this project includes the following objectives:

1. Optimization of the facility capacity at Deerpath by utilizing the facility above the Board's targeted utilization of 75 percent;
2. Improve the patient experience by providing more convenience and lower costs for outpatient surgical cases currently performed at Morris Hospital, as well as lowering perioperative times
3. Avoid duplicative services and duplicative costs by coordination with Morris Hospital to consolidate and improve its surgical facilities.

This project will fulfill these objectives by transferring or deflecting historical cases from Morris Hospital to the Deerpath ASTC. Deerpath is to become a primary site for the Hospital's ambulatory surgery program.

The following physicians have committed to referring cases from Morris Hospital to Deerpath:

SUMMARY OF NEW SERVICES REFERRALS

Specialty by Physician		Historical Morris Hospital & Healthcare Centers			Projected to Deerpath ASTC	
		FY 2016	FY 9/30/17 YTD	FY 2017(p) Year-End	Year 1	Year 2
Endoscopy:	Rotnicki, Richard M D.O.	1,877	1,390	1,853	1,668	1,718
ENT:	Divenere, Scott W M.D.	107	104	139	118	121
Ophthalmology:	Lelis, Eligius P M.D.	204	145	193	174	179
Urology:	Cho, Luke S M.D.	75	46	61	52	54
GYN:	Toussaint, Douglas D.O.	78	64	85	68	70
General Surgery:	Oswalt, Kristopher M M.D.	655	510	680	340	350
Pain Management:	Marie Estilo, M.D.	242	131	174	174	174
Total – New Referrals					2,594	2,667

EXISTING SERVICES DEERPATH ASTC

Specialty	2016	9/30/17 YTD	2017(p)	Year 1	Year 2
Orthopedics	663	402	536	536	536
Podiatry	94	79	105	105	105
Totals:				641	641

CASELOAD SUMMARY OF ALL SERVICES

	Year 1	Year 2
Existing Specialties	641	641
New Specialties	2,594	2,667
Totals Cases	3,235	3,308

The physician referral letters follow:

From: Scott DiVenere, M.D.

Specialty: Otolaryngologist (ENT)

To: Illinois Health Facilities and Services Review Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed expansion of surgical services at the Deerpath Orthopedic Surgery Center in Morris, Illinois.

The following table indicates the number of procedures performed or referred in the last 24 months and estimated number of those cases I anticipate performing or referring to Deerpath Orthopedic Surgery Center.

Ambulatory Surgical Procedures				
All Facilities	Calendar Year 2016	Calendar Year 2017 Annualized*	2018	2019
Morris Hospital and Healthcare Centers	107	139	25	26
Deerpath Orthopedic Surgery Center	0	0	118	121

*The last completed month for the Year to Date total is Sept 2017.


I further estimate that 92% of the patients I will perform cases on at Deerpath reside within the project's geographic service area/45 minutes.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Signature - Scott DiVenere, M.D.

Notary:


10/16/2017



From: Marie Estilo, M.D.

Specialty: Pain Management

To: Illinois Health Facilities and Services Review Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed expansion of surgical services at the Deerpath Orthopedic Surgery Center in Morris, Illinois.

The following table indicates the number of procedures performed or referred in the last 24 months and estimated number of those cases I anticipate performing or referring to Deerpath Orthopedic Surgery Center.

Ambulatory Surgical Procedures				
All Facilities	Calendar Year 2016	Calendar Year 2017 Annualized*	2018	2019
Morris Hospital and Healthcare Centers	242	174	5	5
Deerpath Orthopedic Surgery Center	0	0	174	179

*The last completed month for the Year to Date total is Sept 2017.


I further estimate that 90 % of the patients I will perform cases on at Deerpath reside within the project's geographic service area/ 45 minutes.

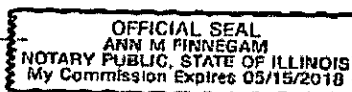
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Signature - Marie Estilo, M.D.

Notary:


10/17/2017



From: Eligius Lelis, M.D.

Specialty: Ophthalmologist

To: Illinois Health Facilities and Services Review Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed expansion of surgical services at the Deerpath Orthopedic Surgery Center in Morris, Illinois.

The following table indicates the number of procedures performed or referred in the last 24 months and estimated number of those cases I anticipate performing or referring to Deerpath Orthopedic Surgery Center.


Ambulatory Surgical Procedures				
All Facilities	Calendar Year 2016	Calendar Year 2017 Annualized*	2018	2019
Morris Hospital and Healthcare Centers	204	193	25	26
Deerpath Orthopedic Surgery Center	0	0	174	179

*The last completed month for the Year to Date total is Sept 2017.

I further estimate that 94% of the patients I will perform cases on at Deerpath reside within the project's geographic service area/45 minutes.

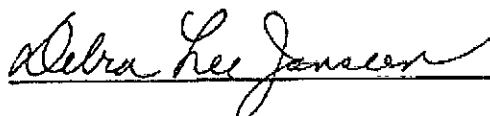
The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,

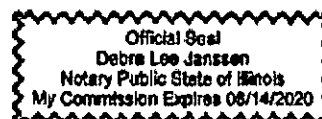


Signature - Eligius Lelis, M.D.

Notary:



Signature - Debra Lee Janssen



From: Kristopher Oswalt, M.D.

Specialty: General Surgeon

To: Illinois Health Facilities and Services Review Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed expansion of surgical services at the Deerpath Orthopedic Surgery Center in Morris, Illinois.

The following table indicates the number of procedures performed or referred in the last 24 months and estimated number of those cases I anticipate performing or referring to Deerpath Orthopedic Surgery Center.


Ambulatory Surgical Procedures				
All Facilities	Calendar Year 2016	Calendar Year 2017 Annualized*	2018	2019
Morris Hospital and Healthcare Centers	655	680	335	342
Deerpath Orthopedic Surgery Center	0	0	340	350

*The last completed month for the Year to Date total is Sept 2017.

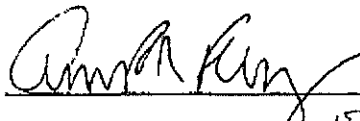
I further estimate that 90 % of the patients I will perform cases on at Deerpath reside within the project's geographic service area/ 45 minutes.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Signature - Kristopher Oswalt, M.D.

Notary:


10/16/2017



From: Richard Rotnicki, D.O.

Specialty: Gastroenterologist

To: Illinois Health Facilities and Services Review Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed expansion of surgical services at the Deerpath Orthopedic Surgery Center in Morris, Illinois.

The following table indicates the number of procedures performed or referred in the last 24 months and estimated number of those cases I anticipate performing or referring to Deerpath Orthopedic Surgery Center.

Ambulatory Surgical Procedures				
All Facilities	Calendar Year 2016	Calendar Year 2017 Annualized*	2018	2019
Morris Hospital and Healthcare Centers	1877	1853	240	248
Deerpath Orthopedic Surgery Center	0	0	1668	1718

*The last completed month for the Year to Date total is Sept 2017.

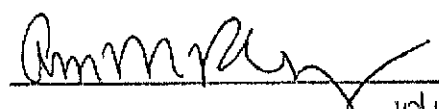
I further estimate that 96% of the patients I will perform cases on at Deerpath reside within the project's geographic service area/45 minutes.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Signature: Richard Rotnicki, D.O.

Notary:


10/13/2017



From: Douglas Toussaint, M.D.

Specialty: Obstetrics & Gynecology

To: **Illinois Health Facilities and Services Review Board**
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed expansion of surgical services at the Deerpath Orthopedic Surgery Center in Morris, Illinois.

The following table indicates the number of procedures performed or referred in the last 24 months and estimated number of those cases I anticipate performing or referring to Deerpath Orthopedic Surgery Center.

Ambulatory Surgical Procedures				
All Facilities	Calendar Year 2016	Calendar Year 2017 Annualized*	2018	2019
Morris Hospital and Healthcare Centers	78	85	19	20
Deerpath Orthopedic Surgery Center	0	0	68	70

*The last completed month for the Year to Date total is Sept 2017.

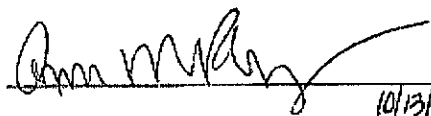
I further estimate that 98% of the patients I will perform cases on at Deerpath reside within the project's geographic service area/45 minutes.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Signature - Douglas Toussaint, D.O.

Notary:


10/13/2017



From: Luke Cho, M.D.
Specialty: Urologist

To: Illinois Health Facilities and Services Review Board
Springfield, Illinois

This letter is being provided in response to Review Criterion 1110.1540(c) in support of the proposed expansion of surgical services at the Deerpath Orthopedic Surgery Center in Morris, Illinois.

The following table indicates the number of procedures performed or referred in the last 24 months and estimated number of those cases I anticipate performing or referring to Deerpath Orthopedic Surgery Center.


Ambulatory Surgical Procedures				
All Facilities	Calendar Year 2016	Calendar Year 2017 Annualized*	2016	2017
Morris Hospital and Healthcare Centers	75	61	10	11
Deerpath Orthopedic Surgery Center	0	0	52	54

*The last completed month for the Year to Date total is Sept 2017.


I further estimate that 93% of the patients I will perform cases on at Deerpath reside within the project's geographic service area/45 minutes.

The information contained in this letter is true and correct, to the best of my information and belief, and has not been used in the support of another project.

Sincerely,


Signature - Luke Cho, M.D.

Notary:


10/19/2017



1110.1540(f) – Treatment Room Need Assessment

Deerpath Orthopedic Surgical Center currently has 2 treatment rooms (Class C ORs) and 8 Phase 1 and Phase 2 recovery stations. These rooms and stations remain unchanged as a result of this project.

By year 2 after the project completion, we estimate 3,204 case hours of surgery. This number exceeds the Board's standard of 75 percent, or 3,000 hours per year (1,500 hours per treatment room).

1110.1540(g) – Service Accessibility

The proposed project is a cooperative venture among Deerpath Orthopedic Surgical Center and Morris Hospital & Healthcare Centers.

As the only Hospital and ASTC in Grundy County, both facilities serve patients with similar residencies (zip code origins). Morris Hospital currently provides outpatient services throughout Deerpath ASTC's GSA.

Morris Hospital is currently planning a major modernization project for which a CON application is to be submitted about June 2018. Perioperative facility capacity is to be adjusted for the reduction of the cases to be referred to Deerpath. The 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.

The project will improve the patient experience by providing more convenience and lower costs for comparable outpatient surgical cases currently performed at Morris Hospital. The total costs for procedures being deflected from hospital based to ASTC based are expected to be significantly lower for both the patient and the 3rd party payor.

REIMBURSEMENT

Per the Board's rules, the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital. The data provided are examples of proposed "reimbursement" versus "charges" as discussed in the rules. "Charges" are published numbers that may be 5 to 6 times the actual fees collected by the facility (actual reimbursement varies by payer contracts). The table below illustrates examples of the expected or actual reimbursement by Medicare for key procedures in each of the proposed specialties. The data are based upon Medicare schedules for Grundy County, Illinois. The expected reimbursement for cases at Deerpath ASTC is approximately 49 percent less than comparable cases currently performed at Morris Hospital Outpatient Department (HOPD). Additionally, the expected patient co-payment, or out-of-pocket expense is about 50 percent at the ASTC versus the Hospital.

DEERPATH ORTHOPEDIC SURGICAL CENTER
Morris, Illinois

Specialty	Procedure Code	Short Descriptor	ASC Medicare Payment			HOPD Medicare Payment		
			Medicare Portion	Patient Co-Pay	Total Payment	Medicare Portion	Patient Co-Pay	Total Payment
Ophthalmology	66984	Cataract Surgery	\$ 788	\$ 197	\$ 985	\$ 1,608	\$ 402	\$ 2,010
Otolaryngology (ENT)	42450	Excision of sublingual gland	1,642	411	2,053	3,352	838	4,190
Gastroenterology (GI)	44389	Colonoscopy w/ Biopsy	382	96	478	780	195	976
	43239	EGD w/ Biopsy	305	76	381	622	155	777
Urology	52318	Removal of Bladder Stone	1,402	351	1,753	2,862	715	3,577
Gynecology (GYN)	58565	Hysteroscopy Sterilization	1,448	362	1,810	2,954	739	3,693
General Surgery	47562	Laposcopic Cholecystectomy	1,643	411	2,054	3,353	838	4,191
Pain Management	64483	Epidural Injection	278	70	348	568	142	710
Orthopedic / Podiatry	29873	Knee Arthroscopy Surgery	982	246	1,228	2,004	501	2,505
	28285	Repari of Hammertoe	982	246	1,228	2,004	501	2,505

* Source for ASC & HOPD Reimbursement, Grundy County, Illinois 2017: Ambulatory Surgery Center Association (ASCA) Medicare Calculator. See ASCA website quote from Mission Statement... "ASCs are modern health care facilities focused on providing same-day surgical care, including vital diagnostic and preventive health care procedures such as colonoscopies. Last year, more than 5,400 ASCs provided 7 million outpatient surgeries to Medicare beneficiaries. Currently, on average, ASCs are reimbursed by Medicare at 49 percent of the amount paid to HOPDs for identical services."

1110.1540(h)(1) – Unnecessary Duplication/Maldistribution

This project will not change the current number of treatment rooms in the area, nor change the existing ration of treatment rooms to population.

The proposed referrals to Deerpath Orthopedic Surgical Center all originate from Morris Hospital & Medical Center. Morris Hospital will be consolidating its facility capacity and operations so as to not duplicate resources needed for these procedures. In its current planning for a major modernization project, Morris Hospital anticipates reducing its number of treatment rooms as a result of this project. An application for a CON permit for this modernization project is expected to be submitted to the Board in mid-2018.

Due to cases being referred from Morris Hospital only, there will be no impact on other facilities within the 45 minute travel time GSA.

The following is a table indicates the 12 facilities within the GSA with their corresponding travel times as calculated per the Board's rules using Mapquest²:

Name	City	Travel Time Min	Travel Distance Mi.
Deerpath Orthopedic Surgical Center	Morris	0	0
Morris Hospital & Healthcare Centers	Morris	1	1
OSF St. Elizabeth Medical Center	Ottawa	24	22
Amsurg Surgery Center	Joliet	27	22
Presence Saint Joseph Medical Center	Joliet	30	22
Silver Cross Hospital	New Lenox	34	32
Plainfield Surgery Center	Plainfield	36	28
Tinley Woods Surgical Center	Tinley Park	38	37
Adventist Bolingbrook Hospital	Bolingbrook	40	33
Kendall Pointe Surgery Center	Oswego	41	29
Southwest Surgery Center	Mokena	41	38
DMG Pain Management Surgery Center, LLC	Naperville	42	32
Valley West Community Hospital	Sandwich	45	30

² Source of facilities: IDPH

1110.1540(i) – Staffing

Staffing Availability

This project is a joint venture between Deerpath Orthopedic Surgical Center and Morris Hospital & Healthcare Centers, both in Morris Illinois. Both are existing facilities and appropriately staffed. Given the history of recruitment for the two facilities, no problems are anticipated in the maintenance and/or recruitment/transfer of staff to accommodate this consolidation of surgical programs.

Medical Director

The Medical Director for Deerpath Orthopedic Surgical Center is Dr. Ray Meyer, MD, Board Certified in Orthopedic Surgery by the American Board of Orthopaedic Surgery. Deerpath ASTC assures that all surgeons practicing at the Center are appropriately credentialed in their specialties.

1110.1540(j) – Charge Commitment

This project will lower the charges of all newly referred procedures from the Hospital based charges at Morris Hospital to the ASTC charges at Deerpath. Per the Board's rules, the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital. The data provided are examples of proposed "reimbursement" versus "charges" as discussed in the rules. "Charges" are published numbers that may be 5 to 6 times the actual fees collected by the facility (actual reimbursement varies by payer contracts). The table below illustrates examples of the expected or actual reimbursement by Medicare for key procedures in each of the proposed specialties. The data are based upon Medicare schedules for Grundy County, Illinois. The expected reimbursement for cases at Deerpath ASTC is approximately 49 percent less than comparable cases currently performed at Morris Hospital Outpatient Department (HOPD). Additionally, the expected patient co-payment, or out-of-pocket expense is about 50 percent at the ASTC versus the Hospital.

Specialty	Procedure Code	Short Descriptor	ASC Medicare Payment			HOPD Medicare Payment		
			Medicare Portion	Patient Co-Pay	Total Payment	Medicare Portion	Patient Co-Pay	Total Payment
Ophthalmology	66984	Cataract Surgery	\$ 788	\$ 197	\$ 985	\$ 1,608	\$ 402	\$ 2,010
Otolaryngology (ENT)	42450	Excision of sublingual gland	1,642	411	2,053	3,352	838	4,190
Gastroenterology (GI)	44389	Colonoscopy w/ Biopsy	382	96	478	780	195	976
	43239	EGD w/ Biopsy	305	76	381	622	155	777
Urology	52318	Removal of Bladder Stone	1,402	351	1,753	2,862	715	3,577
Gynecology (GYN)	58565	Hysteroscopy Sterilization	1,448	362	1,810	2,954	739	3,693
General Surgery	47562	Laparoscopic Cholecystectomy	1,643	411	2,054	3,353	838	4,191
Pain Management	64483	Epidural Injection	278	70	348	568	142	710
Orthopedic / Podiatry	29873	Knee Arthroscopy Surgery	982	246	1,228	2,004	501	2,505
	28285	Repair of Hammertoe	982	246	1,228	2,004	501	2,505

* Source for ASC & HOPD Reimbursement, Grundy County, Illinois 2017: Ambulatory Surgery Center Association (ASCA) Medicare Calculator. See ASCA website quote from Mission Statement... "ASCs are modern health care facilities focused on providing same-day surgical care, including vital diagnostic and preventive health care procedures such as colonoscopies. Last year, more than 5,400 ASCs provided 7 million outpatient surgeries to Medicare beneficiaries. Currently, on average, ASCs are reimbursed by Medicare at 49 percent of the amount paid to HOPDs for identical services."

The applicant commits that current 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 following is a copy of Deerpath ASTC's Charge Master:

Charge Master Report

Page: 1

10/13/17

09:54:47

Sort by: Description

Included Items: Supplies and Procedures

Included Supplies Billable and Non-Billable

Include Costs: Yes

Page Break between Supplies and Procedures: Yes

Procedure Type: All

Supply Category: All

Revenue Code: All

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
Procedures									
	23552	24140	490	10,402.00			100.00		10,402.00
ACL RECONSTRUCTION	29888	29888	490	12,609.00			100.00		12,609.00
ACNE SURGERY (EG,	10040	10040	490	1,809.00			100.00		1,809.00
ACROMIOPLASTY OR	23130	23130	490	11,386.00			100.00		11,386.00
ACTIVITY THERAPY, SUCH AS MUSIC,	G0176	G8918					100.00		0.00
ADJACENT TISSUE TRANSFER OR	14060	14060	490	3,889.00			100.00		3,889.00
ADJACENT TISSUE TRANSFER OR	14061	14061	490	3,889.00			100.00		3,889.00
ADJACENT TISSUE TRANSFER OR	14040	14040	490	3,889.00			100.00		3,889.00
ADJACENT TISSUE TRANSFER OR	14041	14041	490	3,889.00			100.00		3,889.00
ADJACENT TISSUE TRANSFER OR	14300	14300	490	5,937.00			100.00		5,937.00
ADJACENT TISSUE TRANSFER OR	14020	14020	490	3,889.00			100.00		3,889.00
ADJACENT TISSUE TRANSFER OR	14021	14021	490	3,889.00			100.00		3,889.00
ADJACENT TISSUE TRANSFER OR	14000	14000	490	3,889.00			100.00		3,889.00
ADJACENT TISSUE TRANSFER OR	14001	14001	490	5,937.00			100.00		5,937.00
ADJUSTMENT OR REVISION OF	20693	20693	490	5,783.00			100.00		5,783.00
AMPUTATION OF TOE	28820	28820	490	5,659.00			100.00		5,659.00
AMPUTATION, FINGER OR THUMB,	26951	26951	490	4,476.00			100.00		4,476.00
AMPUTATION, FINGER OR THUMB,	26952	26952	490	4,476.00			100.00		4,476.00
AMPUTATION, METACARPAL, WITH	26910	26910	490	7,170.00			100.00		7,170.00
AMPUTATION, METATARSAL, WITH TOE,	28810	28810	490	5,470.00			100.00		5,470.00
AMPUTATION, THIGH, THROUGH	27594	27594	490	5,783.00			100.00		5,783.00
AMPUTATION, TOE; INTERPHALANGEAL	28825	28825	490	5,659.00			100.00		5,659.00
ANCHOR/SCREW FOR OPPOSING	C1713	C1713	278				100.00		0.00
ANKLE DISARTICULATION	27889	27889	490	6,963.00			100.00		6,963.00
APPLICATION CYLINDER CAST	29365	29365		1,500.00			100.00		1,500.00
APPLICATION OF A UNIPLANE (PINS OR	20690	20690	490	6,963.00			100.00		6,963.00
APPLICATION OF FINGER SPLINT;	29130	29130	490	1,681.00			100.00		1,681.00
APPLICATION OF INTERDENTAL	21110	21110	490	2,636.00			100.00		2,636.00
APPLICATION OF LONG LEG CAST	29345	29345	490	2,135.00			100.00		2,135.00
APPLICATION OF SHORT ARM SPLINT	29125	29125	490	2,042.00			100.00		2,042.00
APPLICATION OF SHORT LEG CAST	29405	29405	490	1,899.00			100.00		1,899.00
APPLICATION OF SHORT LEG CAST	29425	29425	490	2,096.00			100.00		2,096.00
APPLICATION OF SHORT LEG SPLINT	29515	29515	490	1,864.00			100.00		1,864.00
APPLICATION, CAST, LONG ARM, UPPER	29065	29065	490	1,855.00			100.00		1,855.00
APPLICATION, CAST; ELBOW TO FINGER	29075	29075	490	1,761.00			100.00		1,761.00
APPLICATION, CAST; HAND AND LOWER	29085	29085	490	1,500.00			100.00		1,500.00
ARTHROCENTESIS, ASPIRATION AND/OR	20605	20605	490	1,092.00			100.00		1,092.00
ARTHROCENTESIS, ASPIRATION AND/OR	20610	20610	490	1,158.00			100.00		1,158.00
ARTHROCENTESIS, ASPIRATION AND/OR	20600	20600	490	1,637.00			100.00		1,637.00
ARTHRODESIS, ANKLE, OPEN	27870	27870	490	18,449.00			100.00		18,449.00
ARTHRODESIS, ANTERIOR INTERBODY	22554	22554		9,475.00			100.00		9,475.00
ARTHRODESIS, ANTERIOR, FOR SPINAL	22810	22810	490	3,463.00			100.00		3,463.00
ARTHRODESIS, CARPOMETACARPAL	26844	26844	490	7,170.00			100.00		7,170.00
ARTHRODESIS, CARPOMETACARPAL	26841	26841	490	7,170.00			100.00		7,170.00
ARTHRODESIS, CARPOMETACARPAL	26842	26842	490	7,170.00			100.00		7,170.00
ARTHRODESIS, DISTAL RADIOULNAR	25830	25830	490	18,449.00			100.00		18,449.00
ARTHRODESIS, ELBOW JOINT; LOCAL	24800	24800	490	11,386.00			100.00		11,386.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
ARTHRODESIS, GREAT TOE;	28755	28755	490	5,659.00			100.00		5,659.00
ARTHRODESIS, GREAT TOE;	28750	28750	490	11,321.00			100.00		11,321.00
ARTHRODESIS, INTERPHALANGEAL	26860	26860	490	7,170.00			100.00		7,170.00
ARTHRODESIS, INTERPHALANGEAL	26861	26861	490	7,170.00			100.00		7,170.00
ARTHRODESIS, INTERPHALANGEAL	26862	26862	490	7,170.00			100.00		7,170.00
ARTHRODESIS,	26850	26850	490	7,170.00			100.00		7,170.00
ARTHRODESIS,	26852	26852	490	7,170.00			100.00		7,170.00
ARTHRODESIS, MIDTARSAL OR	28730	28730	490	11,321.00			100.00		11,321.00
ARTHRODESIS, MIDTARSAL OR	28735	28735	490	11,321.00			100.00		11,321.00
ARTHRODESIS, MIDTARSAL OR	28740	28740	490	11,321.00			100.00		11,321.00
ARTHRODESIS, WITH TENDON	28737	28737	490	11,321.00			100.00		11,321.00
ARTHRODESIS, WRIST; COMPLETE,	25800	25800	490	18,449.00			100.00		18,449.00
ARTHRODESIS, WRIST; WITH	25825	25825	490	7,170.00			100.00		7,170.00
ARTHRODESIS, WRIST; WITH ILIAC OR	25810	25810	490	18,449.00			100.00		18,449.00
ARTHRODESIS; SUBTALAR	28725	28725	490	11,321.00			100.00		11,321.00
ARTHROPLASTY WITH PROSTHETIC	25442	25442	490	29,704.00			100.00		29,704.00
ARTHROPLASTY WITH PROSTHETIC	25444	25444	490	13,114.00			100.00		13,114.00
ARTHROPLASTY WITH PROSTHETIC	25445	25445	490	13,114.00			100.00		13,114.00
ARTHROPLASTY, INTERPHALANGEAL	26535	26535	490	9,269.00			100.00		9,269.00
ARTHROPLASTY, INTERPHALANGEAL	26536	26536	490	12,723.00			100.00		12,723.00
ARTHROPLASTY, INTERPOSITION,	25447	25447	490	9,269.00			100.00		9,269.00
ARTHROPLASTY, KNEE, CONDYLE AND	27447	27447	490	62,222.00			100.00		62,222.00
ARTHROPLASTY, KNEE, CONDYLE AND	27446	27446	490	56,997.00			100.00		56,997.00
ARTHROPLASTY,	26530	26530	490	9,269.00			100.00		9,269.00
ARTHROPLASTY,	26531	26531	490	13,144.00			100.00		13,144.00
ARTHROPLASTY, PATELLA; WITHOUT	27437	27437	490	9,269.00			100.00		9,269.00
ARTHROPLASTY, RADIAL HEAD;	24365	24365	490	8,828.00			100.00		8,828.00
ARTHROPLASTY, RADIAL HEAD; WITH	24366	24366	490	29,704.00			100.00		29,704.00
ARTHROPLASTY, WRIST, WITH OR	25332	25332	490	9,269.00			100.00		9,269.00
ARTHROSCOPIC BICEPS TENDODESIS	29828	29828	490	6,770.00			100.00		6,770.00
ARTHROSCOPICALLY AIDED POSTERIOR	29889	29889	490	12,609.00			100.00		12,609.00
ARTHROSCOPICALLY AIDED REPAIR OF	29892	29892	490	10,402.00			100.00		10,402.00
ARTHROSCOPICALLY AIDED	29851	29851	490	12,609.00			100.00		12,609.00
ARTHROSCOPICALLY AIDED	29850	29850	490	7,931.00			100.00		7,931.00
ARTHROSCOPICALLY AIDED	29855	29855	490	12,609.00			100.00		12,609.00
ARTHROSCOPY OF JOINT	29909	29909	490	4,622.00			100.00		4,622.00
ARTHROSCOPY, ANKLE (TIBIOTALAR	29898	29898	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ANKLE (TIBIOTALAR	29897	29897	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ANKLE (TIBIOTALAR	29895	29895	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ANKLE (TIBIOTALAR	29899	29899	490	12,609.00			100.00		12,609.00
ARTHROSCOPY, ANKLE (TIBIOTALAR	29894	29894	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ANKLE, SURGICAL;	29891	29891	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ANKLE, WITH	29905			7,931.00			100.00		7,931.00
ARTHROSCOPY, ELBOW, DIAGNOSTIC,	29830	29830	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ELBOW, SURGICAL;	29838	29838	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ELBOW, SURGICAL;	29837	29837	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ELBOW, SURGICAL;	29836	29836	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ELBOW, SURGICAL;	29835	29835	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, ELBOW, SURGICAL;	29834	29834	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, DIAGNOSTIC,	29870	29870	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL, FOR	G0289	G0289	490	7,600.00			100.00		7,600.00
ARTHROSCOPY, KNEE, SURGICAL;	29879	29879	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL;	29877	29877	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL;	29886	29886	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL;	29887	29887	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL;	29885	29885	490	12,609.00			100.00		12,609.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
ARTHROSCOPY, KNEE, SURGICAL; FOR	29871	29871	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL; FOR	29874	29874	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL;	29875	29875	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL;	29876	29876	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL; WITH	29884	29884	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL; WITH	29880	29880	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL; WITH	29881	29881	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL; WITH	29883	29883	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, SURGICAL; WITH	29882	29882	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, KNEE, WITH LATERAL	29873	29873	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER W/	29826	29826	490	12,609.00			100.00		12,609.00
ARTHROSCOPY, SHOULDER,	29805	29805	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29806	29806	490	12,609.00			100.00		12,609.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29823	29823	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29822	29822	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29824	29824	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29807	29807	490	12,609.00			100.00		12,609.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29820	29820	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29825	29825	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29819	29819	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SHOULDER, SURGICAL;	29827	29827	490	12,609.00			100.00		12,609.00
ARTHROSCOPY,	29800	29800	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, WRIST, DIAGNOSTIC,	29840	29840	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, WRIST, SURGICAL;	29846	29846	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, WRIST, SURGICAL;	29847	29847	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, WRIST, SURGICAL;	29845	29845	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, WRIST, SURGICAL;	29844	29844	490	7,931.00			100.00		7,931.00
ARTHROSCOPY, SUBTALAR	29904		490	7,931.00			100.00		7,931.00
ARTHROTOMY OF THE ELBOW, WITH	24006	24006	490	6,963.00			100.00		6,963.00
ARTHROTOMY WITH BIOPSY;	26100	26100	490	4,476.00			100.00		4,476.00
ARTHROTOMY WITH BIOPSY;	28054	28054	490	5,659.00			100.00		5,659.00
ARTHROTOMY WITH BIOPSY;	26110	26110	490	4,476.00			100.00		4,476.00
ARTHROTOMY WITH BIOPSY;	28050	28050	490	5,659.00			100.00		5,659.00
ARTHROTOMY WITH BIOPSY;	26105	26105	490	4,476.00			100.00		4,476.00
ARTHROTOMY WITH BIOPSY;	28052	28052	490	5,659.00			100.00		5,659.00
ARTHROTOMY WITH MENISCUS REPAIR,	27403	27403	490	6,963.00			100.00		6,963.00
ARTHROTOMY, ACROMIOCLAVICULAR	23101	23101	490	6,962.00			100.00		6,962.00
ARTHROTOMY, ACROMIOCLAVICULAR,	23044	23044	490	6,963.00			100.00		6,963.00
ARTHROTOMY, ANKLE, INCLUDING	27610	27610	490	6,963.00			100.00		6,963.00
ARTHROTOMY, ANKLE, WITH JOINT	27620	27620	490	6,963.00			100.00		6,963.00
ARTHROTOMY, ELBOW, INCLUDING	24000	24000	490	6,963.00			100.00		6,963.00
ARTHROTOMY, ELBOW; WITH JOINT	24101	24101	490	6,963.00			100.00		6,963.00
ARTHROTOMY, ELBOW; WITH	24102	24102	490	6,963.00			100.00		6,963.00
ARTHROTOMY, INCLUDING	28024	28024	490	5,659.00			100.00		5,659.00
ARTHROTOMY, INCLUDING	28020	28020	490	5,659.00			100.00		5,659.00
ARTHROTOMY, INCLUDING	28022	28022	490	5,659.00			100.00		5,659.00
ARTHROTOMY, KNEE, WITH	27310	27310	490	6,963.00			100.00		6,963.00
ARTHROTOMY, KNEE; INCLUDING JOINT	27331	27331	490	6,963.00			100.00		6,963.00
ARTHROTOMY, POSTERIOR CAPSULAR	27612	27612	490	6,963.00			100.00		6,963.00
ARTHROTOMY, RADIOCARPAL OR	25040	25040	490	6,963.00			100.00		6,963.00
ARTHROTOMY, WITH EXPLORATION,	26070	26070	490	4,476.00			100.00		4,476.00
ARTHROTOMY, WITH EXPLORATION,	26080	26080	490	4,476.00			100.00		4,476.00
ARTHROTOMY, WITH EXPLORATION,	26075	26075	490	4,476.00			100.00		4,476.00
ARTHROTOMY, WITH SYNOVECTOMY,	27625	27625	490	6,963.00			100.00		6,963.00
ARTHROTOMY, WITH SYNOVECTOMY,	27626	27626	490	6,419.00			100.00		6,419.00
ARTHROTOMY, WITH SYNOVECTOMY,	27334	27334	490	6,963.00			100.00		6,963.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
ARTHROTOMY, WRIST JOINT; WITH	25101	25101	490	6,963.00			100.00		6,963.00
ARTHROTOMY, WRIST JOINT; WITH	25105	25105	490	6,963.00			100.00		6,963.00
ASPIRATION AND /OR INJECTION OF	20612	20612	490	1,158.00			100.00		1,158.00
ASPIRATION AND INJECTION FOR	20615	20615	490	1,943.00			100.00		1,943.00
AVULSION OF NAIL PLATE, PARTIAL OR	11730	11730	490	1,011.00			100.00		1,011.00
BIOPSY OF BREAST; OPEN, INCISIONAL	19101	19101	490	5,342.00			100.00		5,342.00
BIOPSY OF BREAST; PERCUTANEOUS,	19100	19100	490	1,257.00			100.00		1,257.00
BIOPSY OF NAIL UNIT(EG,NAIL	11755	11755	490	1,133.93			100.00		1,133.93
BIOPSY OF SKIN, SUBCUTANEOUS	11100	11100	490	1,606.00			100.00		1,606.00
BIOPSY, BONE, EXCISIONAL; DEEP (EG,	20245	20245	490	5,559.00			100.00		5,559.00
BIOPSY, BONE, EXCISIONAL;	20240	20240	490	5,559.00			100.00		5,559.00
BIOPSY, BONE, TROCAR, OR NEEDLE;	20220	20220	490	1,637.00			100.00		1,637.00
BIOPSY, MUSCLE; DEEP	20205	20205	490	4,184.00			100.00		4,184.00
BIOPSY, MUSCLE; SUPERFICIAL	20200	20200	490	4,184.00			100.00		4,184.00
BIOPSY, SOFT TISSUE OF BACK OR	21925	21925	490	5,559.00			100.00		5,559.00
BIOPSY, SOFT TISSUE OF BACK OR	21920	21920	490	2,030.00			100.00		2,030.00
BIOPSY, SOFT TISSUE OF FOREARM	25066	25066	490	5,559.00			100.00		5,559.00
BIOPSY, SOFT TISSUE OF FOREARM	25065	25065	490	2,195.00			100.00		2,195.00
BIOPSY, SOFT TISSUE OF LEG OR ANKLE	27614	27614	490	5,559.00			100.00		5,559.00
BIOPSY, SOFT TISSUE OF NECK OR	21550	21550	490	3,686.00			100.00		3,686.00
BIOPSY, SOFT TISSUE OF PELVIS AND	27040	27040	490	2,030.00			100.00		2,030.00
BIOPSY, SOFT TISSUE OF THIGH OR	27323	27323	490	3,501.00			100.00		3,501.00
BIOPSY, SOFT TISSUE OF UPPER ARM OR	24065	24065	490	4,184.00			100.00		4,184.00
BLEPHAROPLASTY, LOWER EYELID;	15820	15820	490	5,937.00			100.00		5,937.00
BLEPHAROPLASTY, LOWER EYELID;	15821	15821	490	5,937.00			100.00		5,937.00
BLEPHAROPLASTY, UPPER EYELID;	15822	15822	490	5,937.00			100.00		5,937.00
BLEPHAROPLASTY, UPPER EYELID;	15823	15823	490	5,474.00			100.00		5,474.00
BONE GRAFT, ANY DONOR AREA;	20902	20902	490	6,963.00			100.00		6,963.00
BONE GRAFT, ANY DONOR AREA;	20900	20900	490	6,963.00			100.00		6,963.00
BONE MARROW ASPIRATION	38220	38220	490	1,765.00			100.00		1,765.00
BREAST RECONSTRUCTION WITH	19361	19361	490	1,048.00			100.00		1,048.00
BREAST RECONSTRUCTION WITH	19366	19366	490	7,763.00			100.00		7,763.00
BREAST RECONSTRUCTION, IMMEDIATE	19357	19357	490	14,194.00			100.00		14,194.00
BUNIONECTOMY, DOUBLE OSTEOTOMY	28299	28299	490	7,823.00			100.00		7,823.00
BUNIONECTOMY, KELLER, MCBRIDE,	28292	28292	490	7,823.00			100.00		7,823.00
BUNIONECTOMY, LAPIDUS TYPE	28297	28297	490	7,823.00			100.00		7,823.00
BUNIONECTOMY, MITCHELL, CHEVRON,	28296	28296	490	7,823.00			100.00		7,823.00
BUNIONECTOMY, PHALANX	28298	28298	490	7,823.00			100.00		7,823.00
CANCELLED SURGERY	99995		999				100.00		0.00
CAPSULAR CONTRACTURE RELEASE	23020	23020	490	11,386.00			100.00		11,386.00
CAPSULECTOMY OR CAPSULOTOMY;	26525	26525	490	4,476.00			100.00		4,476.00
CAPSULECTOMY OR CAPSULOTOMY;	26520	26520	490	4,476.00			100.00		4,476.00
CAPSULODESIS,	26516	26516	490	7,170.00			100.00		7,170.00
CAPSULORRHAPHY OR	25320	25320	490	11,386.00			100.00		11,386.00
CAPSULORRHAPHY, ANTERIOR; WITH	23455	23455	490	18,449.00			100.00		18,449.00
CAPSULORRHAPHY, GLENOHUMERAL	23466	23466	490	11,386.00			100.00		11,386.00
CAPSULORRHAPHY, GLENOHUMERAL	23465	23465	490	18,449.00			100.00		18,449.00
CAPSULOTOMY, MIDFOOT; MEDIAL	28260	28260	490	5,659.00			100.00		5,659.00
CAPSULOTOMY, MIDFOOT; WITH	28261	28261	490	5,659.00			100.00		5,659.00
CAPSULOTOMY, MIDTARSAL (EG,	28264	28264	490	11,321.00			100.00		11,321.00
CAPSULOTOMY, POSTERIOR CAPSULAR	27435	27435	490	11,386.00			100.00		11,386.00
CAPSULOTOMY, WRIST (EG,	25085	25085	490	5,783.00			100.00		5,783.00
CAPSULOTOMY; INTERPHALANGEAL	28272	28272	490	5,659.00			100.00		5,659.00
CAPSULOTOMY;	28270	28270	490	5,659.00			100.00		5,659.00
CARPAL TUNNEL RELEASE	64721	64721	490	4,945.00			100.00		4,945.00
CARPECTOMY; ALL BONES OF	25215	25215	490	7,170.00			100.00		7,170.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
CARPECTOMY; ONE BONE	25210	25210	490	7,170.00			100.00		7,170.00
CARTILAGE GRAFT; NASAL SEPTUM	20912	20912	490	5,937.00			100.00		5,937.00
CHEMICAL PEEL, FACIAL; EPIDERMAL	15788	15788	490	1,363.00			100.00		1,363.00
CLAVICULECTOMY; PARTIAL	23120	23120	490	11,386.00			100.00		11,386.00
CLOSED TREATMENT OF ARTICULAR	26742	26742	490	3,693.00			100.00		3,693.00
CLOSED TREATMENT OF ARTICULAR	26740	26740	490	3,309.00			100.00		3,309.00
CLOSED TREATMENT OF CALCANEAL	28405	28405	490	2,978.00			100.00		2,978.00
CLOSED TREATMENT OF CARPAL BONE	25635	25635	490	3,587.00			100.00		3,587.00
CLOSED TREATMENT OF	26675	26675	490	1,400.00			100.00		1,400.00
CLOSED TREATMENT OF	26641	26641	490	2,636.00			100.00		2,636.00
CLOSED TREATMENT OF	26645	26645	490	1,400.00			100.00		1,400.00
CLOSED TREATMENT OF DISTAL	26432	26432	490	4,476.00			100.00		4,476.00
CLOSED TREATMENT OF DISTAL	26755	26755	490	3,967.00			100.00		3,967.00
CLOSED TREATMENT OF DISTAL	26750	26750		2,636.00			100.00		2,636.00
CLOSED TREATMENT OF DISTAL	25605	25605	490	4,452.00			100.00		4,452.00
CLOSED TREATMENT OF DISTAL	25600	25600	490	3,802.00			100.00		3,802.00
CLOSED TREATMENT OF DISTAL	25675	25675	490	3,777.00			100.00		3,777.00
CLOSED TREATMENT OF FRACTURE	28495	28495	490	2,978.00			100.00		2,978.00
CLOSED TREATMENT OF FRACTURE OF	21400	21400	490	2,151.00			100.00		2,151.00
CLOSED TREATMENT OF FRACTURE OF	27824	27824	490	2,630.00			100.00		2,630.00
CLOSED TREATMENT OF FRACTURE,	28510	28510	490	2,735.00			100.00		2,735.00
CLOSED TREATMENT OF HIP	27252	27252	490	4,148.00			100.00		4,148.00
CLOSED TREATMENT OF HUMERAL	24565	24565	490	3,667.00			100.00		3,667.00
CLOSED TREATMENT OF	26775	26775		4,043.00			100.00		4,043.00
CLOSED TREATMENT OF	26770	26770		900.00			100.00		900.00
CLOSED TREATMENT OF KNEE	27552	27552	490	4,043.00			100.00		4,043.00
CLOSED TREATMENT OF LUNATE	25690	25690	490	3,199.00			100.00		3,199.00
CLOSED TREATMENT OF METACARPAL	26605	26605	490	3,933.00			100.00		3,933.00
CLOSED TREATMENT OF METACARPAL	26600	26600	490	3,684.00			100.00		3,684.00
CLOSED TREATMENT OF METACARPAL	26607	26607	490	3,554.00			100.00		3,554.00
CLOSED TREATMENT OF	26705	26705	490	2,758.00			100.00		2,758.00
CLOSED TREATMENT OF METATARSAL	28475	28475	490	3,127.00			100.00		3,127.00
CLOSED TREATMENT OF NASAL BONE	21310	21310	490	2,515.00			100.00		2,515.00
CLOSED TREATMENT OF NASAL BONE	21320	21320	490	2,515.00			100.00		2,515.00
CLOSED TREATMENT OF NASAL BONE	21315	21315	490	2,515.00			100.00		2,515.00
CLOSED TREATMENT OF NASAL SEPTAL	21337	21337	490	4,551.00			100.00		4,551.00
CLOSED TREATMENT OF PHALANGEAL	26725	26725	490	3,671.00			100.00		3,671.00
CLOSED TREATMENT OF PHALANGEAL	26720	26720	490	2,794.00			100.00		2,794.00
CLOSED TREATMENT OF PROXIMAL	23605	23605	490	1,787.00			100.00		1,787.00
CLOSED TREATMENT OF PROXIMAL	23600	23600	490	1,787.00			100.00		1,787.00
CLOSED TREATMENT OF RADIAL AND	25565	25565	490	4,004.00			100.00		4,004.00
CLOSED TREATMENT OF RADIAL AND	25560	25560	490	3,777.00			100.00		3,777.00
CLOSED TREATMENT OF RADIAL HEAD	24650			2,200.00			100.00		2,200.00
CLOSED TREATMENT OF RADIAL HEAD	24655	24655	490	3,000.00			100.00		3,000.00
CLOSED TREATMENT OF RADIAL SHAFT	25505	25505	490	4,004.00			100.00		4,004.00
CLOSED TREATMENT OF RADIAL SHAFT	25500	25500	490	3,777.00			100.00		3,777.00
CLOSED TREATMENT OF SHOULDER	23655	23655	490	4,043.00			100.00		4,043.00
CLOSED TREATMENT OF	24535	24535	490	2,923.00			100.00		2,923.00
CLOSED TREATMENT OF TARSAL BONE	28540	28540	490	2,371.00			100.00		2,371.00
CLOSED TREATMENT OF	28605	28605	490	2,978.00			100.00		2,978.00
CLOSED TREATMENT OF TIBIAL	27532	27532	490	2,647.00			100.00		2,647.00
CLOSED TREATMENT OF TIBIAL	27530	27530	490	2,206.00			100.00		2,206.00
CLOSED TREATMENT OF TIBIAL SHAFT	27752	27752	490	2,666.00			100.00		2,666.00
CLOSED TREATMENT OF TIBIAL SHAFT	27750	27750	490	2,515.00			100.00		2,515.00
CLOSED TREATMENT OF	25680	25680	490	3,419.00			100.00		3,419.00
CLOSED TREATMENT OF	27816	27816	490	2,515.00			100.00		2,515.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
CLOSED TREATMENT OF ULNAR SHAFT	25535	25535	490	3,595.00			100.00		3,595.00
CLOSED TREATMENT OF ULNAR SHAFT	25530	25530	490	3,587.00			100.00		3,587.00
CLOSED TREATMENT OF ULNAR	25650	25650	490	3,587.00			100.00		3,587.00
CLOSED TREATMENT OF FRACTURE,	28515	28515	490	3,127.00			100.00		3,127.00
COCCYGECTOMY, PRIMARY	27080	27080	490	6,963.00			100.00		6,963.00
COLLECTIONS SERVICE CHARGE	99993		999				100.00		0.00
CORACOACROMIAL LIGAMENT	23415	23415	490	11,386.00			100.00		11,386.00
CORRECTION CLAW FINGER, OTHER	26499	26499	490	7,170.00			100.00		7,170.00
CORRECTION HALLUX RIGIDUS WITH	28291	28291	490	7,823.00			100.00		7,823.00
CORRECTION OF INVERTED NIPPLES	19355	19355	490	7,763.00			100.00		7,763.00
CORRECTION, COCK-UP FIFTH TOE,	28286	28286	490	5,659.00			100.00		5,659.00
CROSS INTRINSIC TRANSFER, EACH	26510	26510	490	4,476.00			100.00		4,476.00
DEBRIDEMENT INCLUDING REMOVAL	11010	11010	490	1,606.00			100.00		1,606.00
DEBRIDEMENT INCLUDING REMOVAL	11012	11012	490	1,118.00			100.00		1,118.00
DEBRIDEMENT OF EXTENSIVE	11000	11000	490	1,606.00			100.00		1,606.00
DEBRIDEMENT OF NAIL(S) BY ANY	11720	11720	490	300.00			100.00		300.00
DEBRIDEMENT; SKIN, AND	11042	11042	490	864.00			100.00		864.00
DEBRIDEMENT; SKIN, FULL THICKNESS	11041	11041	490	833.00			100.00		833.00
DEBRIDEMENT; SKIN, PARTIAL	11040	11040	490	833.00			100.00		833.00
DEBRIDEMENT; SKIN, SUBCUTANEOUS	11043	11043	490	924.00			100.00		924.00
DEBRIDEMENT; SKIN, SUBCUTANEOUS	11044	11044	490	1,906.00			100.00		1,906.00
DECOMPRESSION FASCIOTOMY,	25023	25023	490	6,963.00			100.00		6,963.00
DECOMPRESSION FASCIOTOMY,	25020	25020	490	5,783.00			100.00		5,783.00
DECOMPRESSION FASCIOTOMY,	24495	24495	490	6,963.00			100.00		6,963.00
DECOMPRESSION FASCIOTOMY, LEG;	27600	27600	490	5,783.00			100.00		5,783.00
DECOMPRESSION FASCIOTOMY, LEG;	27892	27892	490	5,783.00			100.00		5,783.00
DECOMPRESSION FASCIOTOMY, LEG;	27602	27602	490	5,783.00			100.00		5,783.00
DECOMPRESSION FASCIOTOMY, LEG;	27601	27601	490	5,783.00			100.00		5,783.00
DECOMPRESSION FASCIOTOMY, THIGH	27496	27496	490	5,783.00			100.00		5,783.00
DECOMPRESSION; PLANTAR DIGITAL	64726	64726	490	4,945.00			100.00		4,945.00
DECOMPRESSION FASCIOTOMY, HAND	26037	26037	490	4,476.00			100.00		4,476.00
DELAY OF FLAP OR SECTIONING OF	15630	15630	490	5,937.00			100.00		5,937.00
DELAY OF FLAP OR SECTIONING OF	15620	15620	490	5,937.00			100.00		5,937.00
DELAY OF FLAP OR SECTIONING OF	15610	15610	490	5,937.00			100.00		5,937.00
DELAYED INSERTION OF BREAST	19342	19342	490	14,194.00			100.00		14,194.00
DERMABRASION; REGIONAL, OTHER	15782	15782	490	2,030.00			100.00		2,030.00
DERMABRASION; SEGMENTAL, FACE	15781	15781	490	2,030.00			100.00		2,030.00
DERMABRASION; SUPERFICIAL, ANY	15783	15783	490	2,636.00			100.00		2,636.00
DERMABRASION; TOTAL FACE (EG, FOR	15780	15780	490	5,559.00			100.00		5,559.00
DESTRUCTION 2 - 14 LESIONS	2794	17003		500.00			100.00		500.00
DESTRUCTION (EG, LASER SURGERY,	17000	17000	490	4,798.00			100.00		4,798.00
DESTRUCTION (EG, LASER SURGERY,	17110	17110	490	2,636.00			100.00		2,636.00
DESTRUCTION 2 - 14 LESIONS	2796	17003		500.00			100.00		500.00
DESTRUCTION OF CUTANEOUS	17107	17107	490	607.00			100.00		607.00
DESTRUCTION OF CUTANEOUS	17106	17106	490	1,000.00			100.00		1,000.00
DESTRUCTION OF CUTANEOUS	17108	17108	490	982.00			100.00		982.00
DESTRUCTION(EG, LASER SURGERY,	17111	17111	490	3,793.00			100.00		3,793.00
DESTRUCTION, MALIGNANT LESION	17271	17271	490	2,515.00			100.00		2,515.00
DIVISION OF PLANTAR FASCIA AND	28250	28250	490	5,659.00			100.00		5,659.00
DIVISION OF STERNOCLEIDOMASTOID	21720	21720	490	5,783.00			100.00		5,783.00
DRAINAGE OF FINGER ABSCESS;	26011	26011	490	3,090.00			100.00		3,090.00
DRESSING CHANGE (FOR OTHER THAN	15852	15852	490	1,849.00			100.00		1,849.00
DRESSINGS AND/OR DEBRIDEMENT,	16015	16015	490	1,849.00			100.00		1,849.00
DUPUYTREN'S CONTRACTURE RELEASE,	26045	26045	490	7,170.00			100.00		7,170.00
DUPUYTREN'S CONTRACTURE RELEASE,	26040	26040	490	7,170.00			100.00		7,170.00
ENDOSCOPIC PLANTAR FASCIOTOMY	29893	29893	490	5,659.00			100.00		5,659.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
ESCHAROTOMY; INITIAL INCISION	16035	16035	490	1,849.00			100.00		1,849.00
EXCISION, TUMOR, SOFT TISSUE OF	28041	28041	490	5,475.00			100.00		5,475.00
EXCISION DISTAL ULNA PARTIAL OR	25240	25240	490	6,963.00			100.00		6,963.00
EXCISION FLEXOR TENDON, WITH	26390	26390	490	7,064.00			100.00		7,064.00
EXCISION OF BENIGN TUMOR OR CYST	21040	21040	490	6,464.00			100.00		6,464.00
EXCISION OF BENIGN TUMOR OR CYST	21030	21030	490	6,464.00			100.00		6,464.00
EXCISION OF BONE (EG, FOR	21026	21026	490	10,585.00			100.00		10,585.00
EXCISION OF CYST, FIBROADENOMA,	19120	19120	490	5,342.00			100.00		5,342.00
EXCISION OF GANGLION, WRIST	25111	25111	490	4,476.00			100.00		4,476.00
EXCISION OF GANGLION, WRIST	25112	25112	490	4,476.00			100.00		4,476.00
EXCISION OF LACTIFEROUS DUCT	19112	19112	490	5,342.00			100.00		5,342.00
EXCISION OF LESION OF MENISCUS OR	27347	27347	490	6,963.00			100.00		6,963.00
EXCISION OF LESION OF TENDON	27630	27630	490	5,783.00			100.00		5,783.00
EXCISION OF LESION OF TENDON	26160	26160	490	4,476.00			100.00		4,476.00
EXCISION OF LESION, TENDON, TENDON	28090	28090	490	5,659.00			100.00		5,659.00
EXCISION OF LESION, TENDON, TENDON	28092	28092	490	5,659.00			100.00		5,659.00
EXCISION OF NAIL AND NAIL MATRIX,	11750	11750	490	1,694.00			100.00		1,694.00
EXCISION OF NAIL AND NAIL MATRIX,	11752	11752	490	5,559.00			100.00		5,559.00
EXCISION OF NEUROMA; CUTANEOUS	64774	64774	490	4,995.00			100.00		4,995.00
EXCISION OF NEUROMA; DIGITAL	64778	64778	490	4,945.00			100.00		4,945.00
EXCISION OF NEUROMA; DIGITAL	64776	64776	490	4,945.00			100.00		4,945.00
EXCISION OF NEUROMA; HAND OR	64782	64782	490	4,945.00			100.00		4,945.00
EXCISION OF NEUROMA; MAJOR	64784	64784	490	4,945.00			100.00		4,945.00
EXCISION OF PILONIDAL CYST OR	11772	11772	490	5,559.00			100.00		5,559.00
EXCISION OF PILONIDAL CYST OR	11771	11771	490	5,559.00			100.00		5,559.00
EXCISION OF PILONIDAL CYST OR	11770	11770	490	5,559.00			100.00		5,559.00
EXCISION OF SKIN AND	11450	11450	490	5,559.00			100.00		5,559.00
EXCISION OF SKIN AND	11462	11462	490	5,559.00			100.00		5,559.00
EXCISION OF SYNOVIAL CYST OF	27345	27345	490	5,783.00			100.00		5,783.00
EXCISION OR CURETTAGE OF BONE	25130	25130	490	6,963.00			100.00		6,963.00
EXCISION OR CURETTAGE OF BONE	25135	25135	490	6,963.00			100.00		6,963.00
EXCISION OR CURETTAGE OF BONE	23140	23140	490	5,783.00			100.00		5,783.00
EXCISION OR CURETTAGE OF BONE	27355	27355	490	6,963.00			100.00		6,963.00
EXCISION OR CURETTAGE OF BONE	24120	24120	490	5,783.00			100.00		5,783.00
EXCISION OR CURETTAGE OF BONE	26200	26200	490	4,476.00			100.00		4,476.00
EXCISION OR CURETTAGE OF BONE	26205	26205	490	4,476.00			100.00		4,476.00
EXCISION OR CURETTAGE OF BONE	23150	23150	490	6,963.00			100.00		6,963.00
EXCISION OR CURETTAGE OF BONE	26210	26210	490	4,476.00			100.00		4,476.00
EXCISION OR CURETTAGE OF BONE	26215	26215	490	4,476.00			100.00		4,476.00
EXCISION OR CURETTAGE OF BONE	25120	25120	490	6,963.00			100.00		6,963.00
EXCISION OR CURETTAGE OF BONE	25125	25125	490	6,963.00			100.00		6,963.00
EXCISION OR CURETTAGE OF BONE	28108	28108	490	5,659.00			100.00		5,659.00
EXCISION OR CURETTAGE OF BONE	28100	28100	490	5,659.00			100.00		5,659.00
EXCISION OR CURETTAGE OF BONE	28104	28104	490	5,659.00			100.00		5,659.00
EXCISION OR CURETTAGE OF BONE	28107	28107	490	11,321.00			100.00		11,321.00
EXCISION OR CURETTAGE OF BONE	27635	27635	490	6,963.00			100.00		6,963.00
EXCISION TUMOR OR VASCULAR	26111	26111		5,559.00			100.00		5,559.00
EXCISION TUMOR SOFT TISSUE OF	27337			5,559.00			100.00		5,559.00
EXCISION TUMOR SOFT TISSUE OR LEG	27632	27632	490	5,559.00			100.00		5,559.00
EXCISION TUMOR SOFT TISSUE OR	26113	26113	490	5,559.00			100.00		5,559.00
EXCISION TUMOR, SOFT TISSUE OF	21556	21556	490	5,559.00			100.00		5,559.00
EXCISION TUMOR, SOFT TISSUE OF	21555	21555	490	5,559.00			100.00		5,559.00
EXCISION, ABDOMINAL WALL TUMOR,	22900	22900	490	5,559.00			100.00		5,559.00
EXCISION, BENIGN LESION INCLUDING	11420	11420	490	1,885.00			100.00		1,885.00
EXCISION, BENIGN LESION INCLUDING	11421	11421	490	1,885.00			100.00		1,885.00
EXCISION, BENIGN LESION INCLUDING	11422	11422	490	1,885.00			100.00		1,885.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
EXCISION, BENIGN LESION INCLUDING	11423	11423	490	4,184.00			100.00		4,184.00
EXCISION, BENIGN LESION INCLUDING	11424	11424	490	4,184.00			100.00		4,184.00
EXCISION, BENIGN LESION INCLUDING	11426	11426	490	5,559.00			100.00		5,559.00
EXCISION, BENIGN LESION INCLUDING	11400	11400	490	2,907.00			100.00		2,907.00
EXCISION, BENIGN LESION INCLUDING	11401	11401	490	2,907.00			100.00		2,907.00
EXCISION, BENIGN LESION INCLUDING	11402	11402	490	2,907.00			100.00		2,907.00
EXCISION, BENIGN LESION INCLUDING	11403	11403	490	2,936.00			100.00		2,936.00
EXCISION, BENIGN LESION INCLUDING	11404	11404	490	4,184.00			100.00		4,184.00
EXCISION, BENIGN LESION INCLUDING	11406	11406	490	4,184.00			100.00		4,184.00
EXCISION, EXCESSIVE SKIN AND	15831	15831	490	3,419.00			100.00		3,419.00
EXCISION, EXCESSIVE SKIN AND	15836	15836	490	4,184.00			100.00		4,184.00
EXCISION, EXCESSIVE SKIN AND	15835	15835	490	5,125.00			100.00		5,125.00
EXCISION, EXCESSIVE SKIN AND	15834	15834	490	5,559.00			100.00		5,559.00
EXCISION, EXCESSIVE SKIN AND	15833	15833	490	5,559.00			100.00		5,559.00
EXCISION, EXCESSIVE SKIN AND	15839	15839	490	4,184.00			100.00		4,184.00
EXCISION, EXCESSIVE SKIN AND	15838	15838	490	4,184.00			100.00		4,184.00
EXCISION, EXCESSIVE SKIN AND	15832	15832	490	5,559.00			100.00		5,559.00
EXCISION, INTERDIGITAL (MORTON)	28080	28080	490	5,659.00			100.00		5,659.00
EXCISION, LESION OF TENDON SHEATH,	25110	25110	490	5,783.00			100.00		5,783.00
EXCISION, MALIGNANT LESION	11640	11640	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11641	11641	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11642	11642	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11643	11643	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11644	11644	490	4,184.00			100.00		4,184.00
EXCISION, MALIGNANT LESION	11646	11646	490	5,559.00			100.00		5,559.00
EXCISION, MALIGNANT LESION	11620	11620	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11621	11621	490	1,606.00			100.00		1,606.00
EXCISION, MALIGNANT LESION	11622	11622	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11623	11623	490	4,184.00			100.00		4,184.00
EXCISION, MALIGNANT LESION	11624	11624	490	4,184.00			100.00		4,184.00
EXCISION, MALIGNANT LESION	11626	11626	490	5,559.00			100.00		5,559.00
EXCISION, MALIGNANT LESION	11600	11600	490	1,606.00			100.00		1,606.00
EXCISION, MALIGNANT LESION	11601	11601	490	1,606.00			100.00		1,606.00
EXCISION, MALIGNANT LESION	11602	11602	490	1,606.00			100.00		1,606.00
EXCISION, MALIGNANT LESION	11603	11603	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11604	11604	490	1,885.00			100.00		1,885.00
EXCISION, MALIGNANT LESION	11606	11606	490	4,184.00			100.00		4,184.00
EXCISION, OLECRANON BURSA	24105	24105	490	5,783.00			100.00		5,783.00
EXCISION, OTHER BENIGN LESION	11440	11440	490	2,850.00			100.00		2,850.00
EXCISION, OTHER BENIGN LESION	11441	11441	490	2,879.00			100.00		2,879.00
EXCISION, OTHER BENIGN LESION	11442	11442	490	2,907.00			100.00		2,907.00
EXCISION, OTHER BENIGN LESION	11443	11443	490	2,936.00			100.00		2,936.00
EXCISION, OTHER BENIGN LESION	11444	11444	490	2,966.00			100.00		2,966.00
EXCISION, OTHER BENIGN LESION	11446	11446	490	5,559.00			100.00		5,559.00
EXCISION, PREPATELLAR BURSA	27340	27340	490	5,783.00			100.00		5,783.00
EXCISION, RADIAL HEAD	24130	24130	490	6,963.00			100.00		6,963.00
EXCISION, SOFT TISSUE TUMOR,	23076	23076	490	5,559.00			100.00		5,559.00
EXCISION, SOFT TISSUE TUMOR,	23075	23075	490	4,184.00			100.00		4,184.00
EXCISION, TUMOR OR VASCULAR	26116	26116	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR OR VASCULAR	26115	26115	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, FOOT; DEEP,	28045	28045	490	5,659.00			100.00		5,659.00
EXCISION, TUMOR, FOOT;	28043	28043	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, LEG OR ANKLE	27619	27619	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, LEG OR ANKLE	27618	27618	490	4,184.00			100.00		4,184.00
EXCISION, TUMOR, PELVIS AND HIP	27047	27047	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, SOFT TISSUE OF	21930	21930	490	5,559.00			100.00		5,559.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
EXCISION, TUMOR, SOFT TISSUE OF	25076	25076	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, SOFT TISSUE OF	25075	25075	490	4,184.00			100.00		4,184.00
EXCISION, TUMOR, SOFT TISSUE OF	27339	27339	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, SOFT TISSUE OF	24071	V2702A	490				100.00		0.00
EXCISION, TUMOR, SOFT TISSUE OF	24076	24076	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, SOFT TISSUE OF	24075	24075	490	4,184.00			100.00		4,184.00
EXCISION, TUMOR, THIGH OR KNEE	27328	27328	490	5,559.00			100.00		5,559.00
EXCISION, TUMOR, THIGH OR KNEE	27327	27327	490	5,559.00			100.00		5,559.00
EXCISION; TROCHANTERIC BURSA OR	27062	27062	490	5,784.00			100.00		5,784.00
EXPLORATION WITH REMOVAL OF DEEP	25248	25248	490	5,783.00			100.00		5,783.00
FASCIECTOMY, PALM ONLY, WITH OR	26121	26121	490	7,170.00			100.00		7,170.00
FASCIECTOMY, PARTIAL PALMAR WITH	26123	26123	490	7,170.00			100.00		7,170.00
FASCIECTOMY, PARTIAL PALMAR WITH	26125	26125	490	4,476.00			100.00		4,476.00
FASCIECTOMY, PLANTAR FASCIA;	28060	28060	490	5,659.00			100.00		5,659.00
FASCIECTOMY, PLANTAR FASCIA;	28062	28062	490	5,659.00			100.00		5,659.00
FASCIOTOMY, FOOT AND/OR TOE	28008	28008	490	5,659.00			100.00		5,659.00
FASCIOTOMY, ILIOTIBIAL (TENOTOMY),	27305	27305	490	5,783.00			100.00		5,783.00
FINE NEEDLE ASPIRATION: WITH	10022	10022	490	566.00			100.00		566.00
FORMATION OF DIRECT OR TUBED	15576	15576	490	3,889.00			100.00		3,889.00
FORMATION OF DIRECT OR TUBED	15574	15574	490	5,937.00			100.00		5,937.00
FORMATION OF DIRECT OR TUBED	15572	15572	490	5,937.00			100.00		5,937.00
FORMATION OF DIRECT OR TUBED	15570	15570	490	5,937.00			100.00		5,937.00
FREE OSTEOCUTANEOUS FLAP WITH	20969	20969	490	2,316.00			100.00		2,316.00
FULL THICKNESS GRAFT, FREE,	15240	15240	490	3,889.00			100.00		3,889.00
FULL THICKNESS GRAFT, FREE,	15260	15260	490	3,889.00			100.00		3,889.00
FULL THICKNESS GRAFT, FREE,	15220	15220	490	3,889.00			100.00		3,889.00
FULL THICKNESS GRAFT, FREE,	15200	15200	490	3,889.00			100.00		3,889.00
GASTROCNEMIUS RESECTION (EG,	27687	27687	490	6,963.00			100.00		6,963.00
GENIOPLASTY; AUGMENTATION	21120	21120	490	6,464.00			100.00		6,464.00
GENIOPLASTY; SLIDING OSTEOTOMY,	21121	21121	490	6,464.00			100.00		6,464.00
GRAFT; COMPOSITE (EG, FULL	15760	15760	490	5,937.00			100.00		5,937.00
GRAFT; DERMA-FAT-FASCIA	15770	15770	490	5,937.00			100.00		5,937.00
GRAFT; EAR CARTILAGE, AUTOGENOUS,	21235	21235	490	6,464.00			100.00		6,464.00
HALLUX RIGIDUS CORRECTION WITH	28289	28289	490	5,659.00			100.00		5,659.00
HAMMERTOE CORRECTION	28285	28285	490	5,659.00			100.00		5,659.00
HEMIPHALANGECTOMY OR	28160	28160	490	5,659.00			100.00		5,659.00
IMMEDIATE INSERTION OF BREAST	19340	19340	490	10,493.00			100.00		10,493.00
IMPLANT REMOVAL; ELBOW JOINT	24160	24160	490	6,963.00			100.00		6,963.00
IMPLANT REMOVAL; RADIAL HEAD	24164	24164	490	6,963.00			100.00		6,963.00
IMPLANTATION OF NERVE END INTO	64787	64787	490	4,945.00			100.00		4,945.00
INCISION (EG, OSTEOMYELITIS OR BONE	27607	27607	490	6,963.00			100.00		6,963.00
INCISION AND DRAINAGE BELOW	28002	28002	490	5,783.00			100.00		5,783.00
INCISION AND DRAINAGE OF ABSCESS	10061	10061	490	2,030.00			100.00		2,030.00
INCISION AND DRAINAGE OF ABSCESS	10060	10060	490	1,908.00			100.00		1,908.00
INCISION AND DRAINAGE OF	10140	10140	490	3,090.00			100.00		3,090.00
INCISION AND DRAINAGE OF PILONIDAL	10081	10081	490	3,090.00			100.00		3,090.00
INCISION AND DRAINAGE, COMPLEX,	10180	10180	490	4,851.00			100.00		4,851.00
INCISION AND DRAINAGE, DEEP	21501	21501	490	4,851.00			100.00		4,851.00
INCISION AND DRAINAGE, DEEP	27301	27301	490	4,536.00			100.00		4,536.00
INCISION AND DRAINAGE, FOREARM	25028	25028	490	5,783.00			100.00		5,783.00
INCISION AND DRAINAGE, LEG OR	27603	27603	490	4,851.00			100.00		4,851.00
INCISION AND DRAINAGE, LEG OR	27604	27604	490	5,783.00			100.00		5,783.00
INCISION AND DRAINAGE, PELVIS OR	26990	26990	490				100.00		0.00
INCISION AND DRAINAGE, SHOULDER	23030	23030	490	4,851.00			100.00		4,851.00
INCISION AND DRAINAGE, UPPER ARM	23931	23931	490	4,851.00			100.00		4,851.00
INCISION AND DRAINAGE, UPPER ARM	23930	23930	490	4,851.00			100.00		4,851.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
INCISION AND REMOVAL OF FOREIGN	10121	10121	490	4,184.00			100.00		4,184.00
INCISION AND REMOVAL OF FOREIGN	10120	10120	490	1,666.00			100.00		1,666.00
INCISION OF SOFT TISSUE ABSCESS (EG,	20005	20005	490	5,783.00			100.00		5,783.00
INCISION OF SOFT TISSUE ABSCESS (EG,	20000	20000	490	1,908.00			100.00		1,908.00
INCISION, BONE CORTEX (EG,	28005	28005	490	5,659.00			100.00		5,659.00
INCISION, BONE CORTEX, HAND OR	26034	26034	490	4,476.00			100.00		4,476.00
INCISION, EXTENSOR TENDON SHEATH,	25000	25000	490	5,783.00			100.00		5,783.00
INFUSION	E0782	E0782	290	400.00			100.00		400.00
INJECTION ANESTHETIC AGENT,	64416	64416	490	1,074.00			100.00		1,074.00
INJECTION PROCEDURE FOR HIP	27095	27095	490	1,092.00			100.00		1,092.00
INJECTION PROCEDURE FOR HIP	27093	27093	490	1,092.00			100.00		1,092.00
INJECTION(S); TENDON SHEATH,	20550	20550	490	3,215.00			100.00		3,215.00
INJECTION, ANESTHETIC AGENT;	64415	64415	278	1,074.00			100.00		1,074.00
INJECTION, ANESTHETIC AGENT; OTHER	64450	64450	490	1,013.00			100.00		1,013.00
INJECTION, BUPIVAINE LIPOSOME,	C9290	C9290	636	3.50			100.00		3.50
INJECTION, INTRALESIONAL; UP TO AND	11900	11900	490	1,266.00			100.00		1,266.00
INJECTION, THERAPUTIC, CARPAL	20526	20526	490	1,292.00			100.00		1,292.00
INSERTION OF TISSUE EXPANDER(S)	11960	11960	490	5,973.00			100.00		5,973.00
INSERTION OF WIRE OR PIN WITH	20650	20650	490	5,783.00			100.00		5,783.00
INSUFFICIENT FUND CHECK RETURN	99996			25.00			100.00		25.00
INTEREST	99994		999				100.00		0.00
INTEREST ADDED TO PAYMENT	99997		999				100.00		0.00
LAMINECTOMY, FACETECTOMY AND	63048	63048	490	12,233.00			100.00		12,233.00
LAMINECTOMY, FACETECTOMY AND	63047	63047	490	12,233.00			100.00		12,233.00
LAMINOTOMY (HEMILAMINECTOMY),	63035	63035	490	12,233.00			100.00		12,233.00
LAMINOTOMY (HEMILAMINECTOMY),	63030	63030	490	12,233.00			100.00		12,233.00
LATERAL CANTHOPEXY	21282	21282	490	4,551.00			100.00		4,551.00
LATERAL RETINACULAR RELEASE OPEN	27425	27425	490	6,963.00			100.00		6,963.00
LAYER CLOSURE OF WOUNDS OF FACE,	12055	12055	490	1,787.00			100.00		1,787.00
LAYER CLOSURE OF WOUNDS OF FACE,	12051	12051	490	1,727.00			100.00		1,727.00
LAYER CLOSURE OF WOUNDS OF FACE,	12052	12052	490	1,875.00			100.00		1,875.00
LAYER CLOSURE OF WOUNDS OF FACE,	12053	12053	490	1,787.00			100.00		1,787.00
LAYER CLOSURE OF WOUNDS OF NECK,	12041	12041	490	1,727.00			100.00		1,727.00
LAYER CLOSURE OF WOUNDS OF NECK,	12042	12042	490	1,727.00			100.00		1,727.00
LAYER CLOSURE OF WOUNDS OF NECK,	12044	12044	490	1,727.00			100.00		1,727.00
LAYER CLOSURE OF WOUNDS OF	12031	12031	490	1,666.00			100.00		1,666.00
LAYER CLOSURE OF WOUNDS OF	12032	12032	490	1,727.00			100.00		1,727.00
LAYER CLOSURE OF WOUNDS OF	12036	12036	490	1,727.00			100.00		1,727.00
LAYER CLOSURE OF WOUNDS OF	12034	12034	490	1,765.00			100.00		1,765.00
LEG SURGERY PROCEDURE	27599	27599	490	2,923.00			100.00		2,923.00
LEGAL COST FOR COLLECTIONS	99992						100.00		0.00
LENGTHENING OF TENDON, EXTENSOR,	26476	26476	490	4,476.00			100.00		4,476.00
LENGTHENING OR SHORTENING OF	25280	25280	490	6,963.00			100.00		6,963.00
LENGTHENING OR SHORTENING OF	27685	27685	490	6,963.00			100.00		6,963.00
LIGAMENOUS RECONSTRUCTION	27427	27427	490	11,386.00			100.00		11,386.00
LIGAMENOUS RECONSTRUCTION	27428	27428	490	18,449.00			100.00		18,449.00
LIGAMENOUS RECONSTRUCTION	27429	27429	490	18,449.00			100.00		18,449.00
MALAR AUGMENTATION, PROSTHETIC	21270	21270	490	10,585.00			100.00		10,585.00
MAMMAPLASTY, AUGMENTATION;	19325	19325	490	16,357.00			100.00		16,357.00
MAMMAPLASTY, AUGMENTATION;	19324	19324	490	10,252.00			100.00		10,252.00
MANIPULATION OF ANKLE UNDER	27860	27860	490	4,043.00			100.00		4,043.00
MANIPULATION OF KNEE JOINT UNDER	27570	27570	490	4,043.00			100.00		4,043.00
MANIPULATION OF WRIST UNDER	25259	25259	490	4,043.00			100.00		4,043.00
MANIPULATION UNDER ANESTHESIA,	23700	23700	490	4,192.00			100.00		4,192.00
MANIPULATION, ELBOW UNDER	24300	24300	490	3,057.00			100.00		3,057.00
MANIPULATION, FINGERJOINT UNDER	26340	26340	490	4,146.00			100.00		4,146.00

Description	Q Code	CPT Code	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
MANIPULATION, HIP JOINT, REQUIRING	27275	27275	490	4,043.00			100.00		4,043.00
MASTECTOMY FOR GYNECOMASTIA	19140	19140	490	1,257.00			100.00		1,257.00
MASTECTOMY, MODIFIED RADICAL,	19240	19240	490	1,434.00			100.00		1,434.00
MASTECTOMY, PARTIAL;	19160	19160	490	1,257.00			100.00		1,257.00
MASTECTOMY, PARTIAL; WITH	19162	19162	490	1,439.00			100.00		1,439.00
MASTECTOMY, SIMPLE, COMPLETE	19180	19180	490	1,379.00			100.00		1,379.00
MASTECTOMY, SUBCUTANEOUS	19182	19182	490	1,257.00			100.00		1,257.00
MASTOPEXY	19316	19316	490	7,763.00			100.00		7,763.00
MASTOTOMY WITH EXPLORATION OR	19020	19020	490	4,851.00			100.00		4,851.00
METATARSAL JOINT IMPLANT	L8641	L8641	278				100.00		0.00
METATARSECTOMY	28140	28140	490	5,659.00			100.00		5,659.00
MICROREPAIR OF NERVE	64830	64830	490	9,186.00			100.00		9,186.00
MISC	99999		999				100.00		0.00
MULTIPLE OSTEOTOMIES, WITH	25375	25375	490	11,386.00			100.00		11,386.00
MUSCLE OR TENDON TRANSFER, ANY	24301	24301	490	6,963.00			100.00		6,963.00
MUSCLE, MYOCUTANEOUS, OR	15732	15732	490	5,937.00			100.00		5,937.00
MUSCLE, MYOCUTANEOUS, OR	15736	15736	490	5,937.00			100.00		5,937.00
NEURECTOMY, INTRINSIC	28055	28055	490	4,945.00			100.00		4,945.00
NEURECTOMY, INTRINSIC	28030	28030	490	3,040.00			100.00		3,040.00
NEUROPLASTY AND/OR	64718	64718	490	4,945.00			100.00		4,945.00
NEUROPLASTY AND/OR	64719	64719	490	4,945.00			100.00		4,945.00
NEUROPLASTY, MAJOR PERIPHERAL	64714	64714	490				100.00		0.00
NEUROPLASTY, MAJOR PERIPHERAL	64708	64708	490	4,945.00			100.00		4,945.00
NEUROPLASTY; NERVE OF HAND OR	64704	64704	490	4,945.00			100.00		4,945.00
NIPPLE EXPLORATION, WITH OR	19110	19110	490	5,342.00			100.00		5,342.00
NIPPLE/AREOLA RECONSTRUCTION	19350	19350	490	5,342.00			100.00		5,342.00
OPEN PERIPROSTHETIC CAPSULOTOMY,	19370	19370	490	7,763.00			100.00		7,763.00
OPEN TREATMENT OF	23550	23550	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF ACUTE OR	24615	24615	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF ACUTE	23660	23660	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF ANKLE	27848	27848	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF ARTICULAR	26746	26746	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF BIMALLEOLAR	27814	27814	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF CALCANEAL	28415	28415	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF CARPAL BONE	25645	25645	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF CARPAL	25628	25628	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF	26685	26685	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF	26665	26665	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF CLAVICULAR	23515	23515	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF COMPLICATED	21365	21365	490	2,394.00			100.00		2,394.00
OPEN TREATMENT OF DEPRESSED	21360	21360	490	2,394.00			100.00		2,394.00
OPEN TREATMENT OF DISTAL FIBULAR	27792	27792	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF DISTAL	26765	26765	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF DISTAL RADIAL	25607	25607	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF DISTAL RADIAL	25608	25608	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF DISTAL RADIAL	25609	25609	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF DISTAL	25676	25676	490	7,072.00			100.00		7,072.00
OPEN TREATMENT OF DISTAL	27829	27829	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF FEMORAL	27514	27514	490	12,609.00			100.00		12,609.00
OPEN TREATMENT OF FRACTURE	28505	28505	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF FRACTURE OF	27828	27828	490				100.00		0.00
OPEN TREATMENT OF FRACTURE OF	27826	27826	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF FRACTURE OF	27827	27827	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF FRACTURE,	28525	28525	490	7,072.00			100.00		7,072.00
OPEN TREATMENT OF GREATER	23630	23630	490	15,528.00			100.00		15,528.00
OPEN TREATMENT OF HUMERAL	24579	24579	490	15,855.00			100.00		15,855.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
OPEN TREATMENT OF HUMERAL	24575	24575	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF HUMERAL SHAFT	24515	24515	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF HUMERAL	24545	24545	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF INTERCONDYLAR	2877	27540	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF INTERCONDYLAR	27540	27540	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF	26785	26785	490	7,072.00			100.00		7,072.00
OPEN TREATMENT OF MEDIAL	27766	27766	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF METACARPAL	26615	26615	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF	26715	26715	490	10,069.00			100.00		10,069.00
OPEN TREATMENT OF METATARSAL	28485	28485	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF	28645	28645	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF MONTEGGIA	24635	24635	490	15,553.00			100.00		15,553.00
OPEN TREATMENT OF NASAL	21325	21325	490	6,464.00			100.00		6,464.00
OPEN TREATMENT OF NASAL	21335	21335	490	6,464.00			100.00		6,464.00
OPEN TREATMENT OF ORBITAL FLOOR	21390	21390	490	10,585.00			100.00		10,585.00
OPEN TREATMENT OF ORBITAL FLOOR	21385	21385	490	2,614.00			100.00		2,614.00
OPEN TREATMENT OF PATELLAR	27566	27566	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF PATELLAR	27524	27524	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF PERIARTICULAR	24586	24586	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF PHALANGEAL	26735	26735	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF PROXIMAL	27784	27784	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF PROXIMAL	23615	23615	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF RADIAL AND	25575	25575	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF RADIAL HEAD OR	24665	24665	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF RADIAL HEAD OR	24666	24666	490	15,855.00			100.00		15,855.00
OPEN TREATMENT OF RADIAL SHAFT	25515	25515	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF TALUS	28445	28445	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF TARSAL BONE	28555	28555	490	11,321.00			100.00		11,321.00
OPEN TREATMENT OF TARSAL BONE	28465	28465	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF	28615	28615	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF TIBIAL	27535	27535	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF TIBIAL SHAFT	27758	27758	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF	25685	25685	490	7,072.00			100.00		7,072.00
OPEN TREATMENT OF TRIMALLEOLAR	27822	27822	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF ULNAR	24685	24685	490	10,402.00			100.00		10,402.00
OPEN TREATMENT OF ULNAR SHAFT	25545	25545	490	10,402.00			100.00		10,402.00
OPPONENSPLASTY; OTHER METHODS	26496	26496	490	7,170.00			100.00		7,170.00
OPPONENSPLASTY; SUPERFICIALIS	26490	26490	490	7,170.00			100.00		7,170.00
OPPONENSPLASTY; TENDON TRANSFER	26492	26492	490	7,170.00			100.00		7,170.00
OSTECTOMY, CALCANEUS;	28118	28118	490	5,659.00			100.00		5,659.00
OSTECTOMY, CALCANEUS; FOR SPUR,	28119	28119	490	5,659.00			100.00		5,659.00
OSTECTOMY, COMPLETE EXCISION; ALL	28114	28114	490	5,659.00			100.00		5,659.00
OSTECTOMY, COMPLETE EXCISION;	28113	28113	490	5,659.00			100.00		5,659.00
OSTECTOMY, COMPLETE EXCISION;	28111	28111	490	5,659.00			100.00		5,659.00
OSTECTOMY, COMPLETE EXCISION;	28112	28112	490	5,659.00			100.00		5,659.00
OSTECTOMY, EXCISION OF TARSAL	28116	28116	490	5,659.00			100.00		5,659.00
OSTECTOMY, PARTIAL EXCISION, FIFTH	28110	28110	490	5,659.00			100.00		5,659.00
OSTECTOMY, PARTIAL, EXOSTECTOMY	28288	28288	490	5,659.00			100.00		5,659.00
OSTEOPLASTY, FACIAL BONES;	21208	21208	490	10,585.00			100.00		10,585.00
OSTEOPLASTY, LENGTHENING,	26568	26568	490	7,170.00			100.00		7,170.00
OSTEOPLASTY, RADIUS OR ULNA;	25390	25390	490	6,963.00			100.00		6,963.00
OSTEOTOMY, CLAVICLE, WITH OR	23480	23480	490	11,386.00			100.00		11,386.00
DSTEOTOMY, CLAVICLE, WITH OR	23485	23485	490	18,449.00			100.00		18,449.00
OSTEOTOMY, HUMERUS, WITH OR	24400	24400	490	6,963.00			100.00		6,963.00
OSTEOTOMY, MAXILLA, SEGMENTAL	21206	21206	490	10,585.00			100.00		10,585.00
OSTEOTOMY, RADIUS; DISTAL THIRD	25350	25350	490	18,449.00			100.00		18,449.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
OSTEOTOMY, SHORTENING, ANGULAR	28312	28312	490	5,659.00			100.00		5,659.00
OSTEOTOMY, SHORTENING, ANGULAR	28310	28310	490	5,659.00			100.00		5,659.00
OSTEOTOMY, TARSAL BONES, OTHER	28304	28304	490	11,321.00			100.00		11,321.00
OSTEOTOMY, WITH OR WITHOUT	28306	28306	490	5,659.00			100.00		5,659.00
OSTEOTOMY, WITH OR WITHOUT	28308	28308	490	5,659.00			100.00		5,659.00
OSTEOTOMY; CALCANEUS (EG, DWYER	28300	28300	490	11,321.00			100.00		11,321.00
OSTEOTOMY; FIBULA	27707	27707	490	5,783.00			100.00		5,783.00
OSTEOTOMY; METACARPAL, EACH	26565	26565	490	7,170.00			100.00		7,170.00
OSTEOTOMY; PHALANX OF FINGER,	26567	26567	490	7,170.00			100.00		7,170.00
OSTEOTOMY; TALUS	28302	28302	490	11,321.00			100.00		11,321.00
OSTEOTOMY; ULNA	25360	25360	490	6,963.00			100.00		6,963.00
OVERPAYMENT	99991						100.00		0.00
PARING OR CUTTING OF BENIGN	11055	11055	490	924.00			100.00		924.00
PARTIAL EXCISION (CRATERIZATION,	27641	27641	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	27640	27640	490	11,386.00			100.00		11,386.00
PARTIAL EXCISION (CRATERIZATION,	23180	23180	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	24140	24140	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	24147	24147	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	24145	24145	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	26236	26236	490	4,476.00			100.00		4,476.00
PARTIAL EXCISION (CRATERIZATION,	26230	26230	490	4,476.00			100.00		4,476.00
PARTIAL EXCISION (CRATERIZATION,	27360	27360	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	25151	25151	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	25150	25150	490	6,963.00			100.00		6,963.00
PARTIAL EXCISION (CRATERIZATION,	28124	28124	490	5,659.00			100.00		5,659.00
PARTIAL EXCISION (CRATERIZATION,	28120	28120	490	5,659.00			100.00		5,659.00
PARTIAL EXCISION (CRATERIZATION,	28122	28122	490	5,659.00			100.00		5,659.00
PARTIAL EXCISION OF POSTERIOR	22100	22100	490	12,233.00			100.00		12,233.00
PATELLECTOMY OR	27350	27350	490	6,963.00			100.00		6,963.00
PERCUTANEOUS LYSIS OF EPIDURAL	62263	62263	490	1,956.07			100.00		1,956.07
PERCUTANEOUS SKELETAL FIXATION	28406	28406	490	7,072.00			100.00		7,072.00
PERCUTANEOUS SKELETAL FIXATION	26676	26676	490	7,072.00			100.00		7,072.00
PERCUTANEOUS SKELETAL FIXATION	26650	26650	490	6,950.00			100.00		6,950.00
PERCUTANEOUS SKELETAL FIXATION	26756	26756	490	7,072.00			100.00		7,072.00
PERCUTANEOUS SKELETAL FIXATION	25606	25606	490	7,072.00			100.00		7,072.00
PERCUTANEOUS SKELETAL FIXATION	27509	27509	490	10,402.00			100.00		10,402.00
PERCUTANEOUS SKELETAL FIXATION	28496	28496	490	6,520.00			100.00		6,520.00
PERCUTANEOUS SKELETAL FIXATION	24582	24582	490				100.00		0.00
PERCUTANEOUS SKELETAL FIXATION	26776	26776	490	7,072.00			100.00		7,072.00
PERCUTANEOUS SKELETAL FIXATION	28666	28666	490	6,836.00			100.00		6,836.00
PERCUTANEOUS SKELETAL FIXATION	26608	26608	490	7,072.00			100.00		7,072.00
PERCUTANEOUS SKELETAL FIXATION	26706	26706	490	2,758.00			100.00		2,758.00
PERCUTANEOUS SKELETAL FIXATION	28476	28476	490	6,521.00			100.00		6,521.00
PERCUTANEOUS SKELETAL FIXATION	24538	24538	490	15,855.00			100.00		15,855.00
PERCUTANEOUS SKELETAL FIXATION	25651	25651	490	7,072.00			100.00		7,072.00
PERCUTANEOUS SKELETAL FIXATION	26727	26727	490	7,072.00			100.00		7,072.00
PERCUTANEOUS TREATMENT OF	21355	21355	490	10,585.00			100.00		10,585.00
PERCUTANEOUS TREATMENT OF	21340	21340	490	10,585.00			100.00		10,585.00
PERIPROSTHETIC CAPSULECTOMY,	19371	19371	490	7,763.00			100.00		7,763.00
PHALANGECTOMY, TOE, EACH TOE	28150	28150	490	5,659.00			100.00		5,659.00
PINCH GRAFT, SINGLE OR MULTIPLE, TO	15050	15050	490	1,908.00			100.00		1,908.00
POLLICIZATION OF A DIGIT	26550	26550	490	7,170.00			100.00		7,170.00
PROSTHETIC IMPLANT	18699	18699	274				100.00		0.00
PUNCH GRAFT FOR HAIR TRANSPLANT;	15776	15776	490	1,457.00			100.00		1,457.00
PUNCTURE ASPIRATION OF ABSCESS,	10160	10160	490	1,787.00			100.00		1,787.00
PUNCTURE ASPIRATION OF CYST OF	19001	19001	490	1,257.00			100.00		1,257.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
QUADRICEPSPLASTY (EG, BENNETT OR	27430	27430	490	11,386.00			100.00		11,386.00
RADIAL STYLOIDECTOMY (SEPARATE	25230	25230	490	6,963.00			100.00		6,963.00
RADICAL EXCISION OF BURSA,	25116	25116	490	5,783.00			100.00		5,783.00
RADICAL EXCISION OF BURSA,	25115	25115	490	5,783.00			100.00		5,783.00
RADICAL RESECTION OF CAPSULE, SOFT	24149	24149	490	6,963.00			100.00		6,963.00
RADICAL RESECTION OF TUMOR (EG,	21935	21935	490	5,559.00			100.00		5,559.00
RADICAL RESECTION OF TUMOR, BONE;	28175	28175	490	5,659.00			100.00		5,659.00
RADICAL RESECTION OF TUMOR, BONE;	27647	27647	490	11,004.00			100.00		11,004.00
RADICAL RESECTION, METACARPAL	26250	26250	490	4,476.00			100.00		4,476.00
RADIOLOGIC EXAMINATION, CHEST;	71010	71010	490	138.00			100.00		138.00
RADIOLOGIC EXAMINATION, FINGER(S),	73140	73140	490	238.00			100.00		238.00
RADIOLOGIC EXAMINATION, FOOT;	73620	73620	490	128.00			100.00		128.00
RADIOLOGIC EXAMINATION, HAND;	73120	73120	490	238.00			100.00		238.00
RADIOLOGIC EXAMINATION, HIP,	73500	73500	490	238.00			100.00		238.00
RADIOLOGIC EXAMINATION, KNEE; ONE	73560	73560	490	238.00			100.00		238.00
RADIOLOGIC EXAMINATION; TOE(S),	73660	73660	490	238.00			100.00		238.00
REALIGNMENT OF EXTENSOR TENDON,	26437	26437	490	4,476.00			100.00		4,476.00
RECONSTRUCTION (ADVANCEMENT),	28238	28238	490	11,321.00			100.00		11,321.00
RECONSTRUCTION MIDFACE, LEFORT I;	21146	21146	490	3,971.00			100.00		3,971.00
RECONSTRUCTION OF COMPLETE	23420	23420	490	11,386.00			100.00		11,386.00
RECONSTRUCTION OF DISLOCATING	27420	27420	490	11,386.00			100.00		11,386.00
RECONSTRUCTION OF DISLOCATING	27422	27422	490	11,386.00			100.00		11,386.00
RECONSTRUCTION OF MANDIBLE OR	21249	21249	490	10,585.00			100.00		10,585.00
RECONSTRUCTION OF MANDIBULAR	21196	21196	490	3,971.00			100.00		3,971.00
RECONSTRUCTION OF MANDIBULAR	21195	21195	490	10,585.00			100.00		10,585.00
RECONSTRUCTION OF MANDIBULAR	21193	21193	490	4,007.00			100.00		4,007.00
RECONSTRUCTION OF NAIL BED WITH	11762	11762	490	2,022.00			100.00		2,022.00
RECONSTRUCTION OF TENDON PULLEY,	26500	26500	490	4,476.00			100.00		4,476.00
RECONSTRUCTION OF TENDON PULLEY,	26502	26502	490	7,170.00			100.00		7,170.00
RECONSTRUCTION, ANGULAR	28313	28313	490	5,659.00			100.00		5,659.00
RECONSTRUCTION, COLLATERAL	26545	26545	490	7,170.00			100.00		7,170.00
RECONSTRUCTION, COLLATERAL	26542	26542	490	4,476.00			100.00		4,476.00
RECONSTRUCTION, COLLATERAL	26541	26541	490	7,170.00			100.00		7,170.00
RECORD COPY	99998		999				100.00		0.00
REDUCTION MAMMAPLASTY	19318	19318	490	10,252.00			100.00		10,252.00
REINSERTION OF RUPTURED BICEPS OR	24342	24342	490	11,386.00			100.00		11,386.00
RELEASE OF SCAR CONTRACTURE	26597	26597	490	3,814.00			100.00		3,814.00
RELEASE OF THENAR MUSCLE(S) (EG,	26508	26508	490	4,476.00			100.00		4,476.00
RELEASE, TARSAL TUNNEL (POSTERIOR	28035	28035	490	4,945.00			100.00		4,945.00
RELIEVE PRESSURE ON NERVE	64722	64722	490	4,945.00			100.00		4,945.00
REMOVAL OF ANKLE IMPLANT	27704	27704	490	5,783.00			100.00		5,783.00
REMOVAL OF FOREIGN BODY IN	20525	20525	490	5,559.00			100.00		5,559.00
REMOVAL OF FOREIGN BODY IN	20520	20520	490	4,207.00			100.00		4,207.00
REMOVAL OF FOREIGN BODY, DEEP,	27372	27372	490	5,559.00			100.00		5,559.00
REMOVAL OF FOREIGN BODY, FOOT;	28193	28193	490	2,250.00			100.00		2,250.00
REMOVAL OF FOREIGN BODY, FOOT;	28192	28192	490	4,184.00			100.00		4,184.00
REMOVAL OF FOREIGN BODY, FOOT;	28190	28190	490	2,513.00			100.00		2,513.00
REMOVAL OF FOREIGN BODY, UPPER	24201	24201	490	4,894.00			100.00		4,894.00
REMOVAL OF FOREIGN BODY, UPPER	24200	24200	490	3,667.00			100.00		3,667.00
REMOVAL OF IMPLANT FROM FINGER	26320	26320	490	4,184.00			100.00		4,184.00
REMOVAL OF IMPLANT; DEEP (EG,	20680	20680	490	5,559.00			100.00		5,559.00
REMOVAL OF IMPLANT; SUPERFICIAL,	20670	20670	490	4,184.00			100.00		4,184.00
REMOVAL OF INTACT MAMMARY	19328	19328	490	7,763.00			100.00		7,763.00
REMOVAL OF JAW BONE LESION	21041	21041	490	1,908.00			100.00		1,908.00
REMOVAL OF MAMMARY IMPLANT	19330	19330	490	7,763.00			100.00		7,763.00
REMOVAL OF POSTERIOR SEGMENTAL	22852	22852	490	1,533.00			100.00		1,533.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
REMOVAL OF SKIN TAGS, MULTIPLE	11201	11201	490	1,985.00			100.00		1,985.00
REMOVAL OF SKIN TAGS, MULTIPLE	11200	11200	490	1,606.00			100.00		1,606.00
REMOVAL OF SUBDELTOID	23000	23000	490	4,184.00			100.00		4,184.00
REMOVAL OF SUTURES UNDER	15851	15851	490	1,727.00			100.00		1,727.00
REMOVAL OF SUTURES UNDER	15850	15850	490	1,831.00			100.00		1,831.00
REMOVAL OF SYNTHETIC ROD AND	26392	26392	490	7,064.00			100.00		7,064.00
REMOVAL OF TISSUE EXPANDER(S)	11971	11971	490	5,559.00			100.00		5,559.00
REMOVAL OF WRIST PROSTHESIS;	25250	25250	490	6,963.00			100.00		6,963.00
REMOVAL, UNDER ANESTHESIA, OF	20694	20694	490	5,783.00			100.00		5,783.00
REPAIR ACHILLES TENDON	27650	27650	490	11,386.00			100.00		11,386.00
REPAIR AND RECONSTRUCTION,	26548	26548	490	7,170.00			100.00		7,170.00
REPAIR FINGER DEFORMITY	26585	26585	490	2,455.00			100.00		2,455.00
REPAIR LATERAL COLLATERAL	24343	24343	490	6,963.00			100.00		6,963.00
REPAIR NON-UNION, METACARPAL OR	26546	26546	490	7,170.00			100.00		7,170.00
REPAIR OF COLLATERAL LIGAMENT,	26540	26540	490	4,476.00			100.00		4,476.00
REPAIR OF EXTENSOR TENDON,	26426	26426	490	7,170.00			100.00		7,170.00
REPAIR OF EXTENSOR TENDON,	26428	26428	490	7,170.00			100.00		7,170.00
REPAIR OF EXTENSOR TENDON, DISTAL	26434	26434	490	7,170.00			100.00		7,170.00
REPAIR OF EXTENSOR TENDON, DISTAL	26433	26433	490	4,476.00			100.00		4,476.00
REPAIR OF FIBULA NON UNION AND/OR	27726	27726	490	6,963.00			100.00		6,963.00
REPAIR OF NAIL BED	11760	11760	490	2,022.00			100.00		2,022.00
REPAIR OF NON UNION OF MALUNION	27720	27720					100.00		0.00
REPAIR OF NON UNION OR MALUNION,	27724	27724	490	6,500.00			100.00		6,500.00
REPAIR OF NONUNION OR MALUNION,	25420	25420	490	18,449.00			100.00		18,449.00
REPAIR OF NONUNION OR MALUNION,	25405	25405	490	6,963.00			100.00		6,963.00
REPAIR OF NONUNION, SCAPHOID	25440	25440	490	18,449.00			100.00		18,449.00
REPAIR OF RUPTURED	23410	23410	490	11,386.00			100.00		11,386.00
REPAIR OF RUPTURED	23412	23412	490	11,386.00			100.00		11,386.00
REPAIR OF SYNDACTYLY (WEB FINGER)	26560	26560	490	4,476.00			100.00		4,476.00
REPAIR OR ADVANCEMENT OF	26370	26370	490	7,170.00			100.00		7,170.00
REPAIR OR ADVANCEMENT OF	26372	26372	490	7,170.00			100.00		7,170.00
REPAIR OR ADVANCEMENT, FLEXOR	26356	26356	490	7,170.00			100.00		7,170.00
REPAIR OR ADVANCEMENT, FLEXOR	26358	26358	490	7,170.00			100.00		7,170.00
REPAIR OR ADVANCEMENT, FLEXOR	26350	26350	490	7,170.00			100.00		7,170.00
REPAIR OR ADVANCEMENT, FLEXOR	26352	26352	490	7,170.00			100.00		7,170.00
REPAIR, COMPLEX, EYELIDS, NOSE,	13150	13150	490	2,091.00			100.00		2,091.00
REPAIR, COMPLEX, EYELIDS, NOSE,	13151	13151	490	2,091.00			100.00		2,091.00
REPAIR, COMPLEX, EYELIDS, NOSE,	13152	13152	490	2,091.00			100.00		2,091.00
REPAIR, COMPLEX, FOREHEAD,	13131	13131	490	2,152.00			100.00		2,152.00
REPAIR, COMPLEX, FOREHEAD,	13132	13132	490	2,030.00			100.00		2,030.00
REPAIR, COMPLEX, SCALP, ARMS,	13120	13120	490	2,030.00			100.00		2,030.00
REPAIR, COMPLEX, SCALP, ARMS,	13121	13121	490	2,030.00			100.00		2,030.00
REPAIR, COMPLEX, TRUNK; 1.1 CM TO	13100	13100	490	2,030.00			100.00		2,030.00
REPAIR, DISLOCATING PERONEAL	27676	27676	490	5,983.00			100.00		5,983.00
REPAIR, DISLOCATING PERONEAL	27675	27675	490	5,783.00			100.00		5,783.00
REPAIR, EXTENSOR TENDON, FINGER,	26418	26418	490	4,476.00			100.00		4,476.00
REPAIR, EXTENSOR TENDON, HAND,	26412	26412	490	4,476.00			100.00		4,476.00
REPAIR, EXTENSOR TENDON, HAND,	26410	26410	490	4,476.00			100.00		4,476.00
REPAIR, EXTENSOR TENDON, LEG;	27664	27664	490	5,783.00			100.00		5,783.00
REPAIR, FASCIAL DEFECT OF LEG	27656	27656	490	5,783.00			100.00		5,783.00
REPAIR, FLEXOR TENDON, LEG;	27658	27658	490	5,783.00			100.00		5,783.00
REPAIR, FLEXOR TENDON, LEG;	27659	27659	490	5,783.00			100.00		5,783.00
REPAIR, NONUNION OR MALUNION;	28322	28322	490	11,321.00			100.00		11,321.00
REPAIR, PRIMARY, DISRUPTED	27696	27696	490	10,402.00			100.00		10,402.00
REPAIR, PRIMARY, DISRUPTED	27695	27695	490	6,963.00			100.00		6,963.00
REPAIR, PRIMARY, OPEN OR	27652	27652	490	18,449.00			100.00		18,449.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
REPAIR, PRIMARY, TORN LIGAMENT	27405	27405	490	11,114.73			100.00		11,114.73
REPAIR, PRIMARY, TORN LIGAMENT	27409	27409	490	11,386.00			100.00		11,386.00
REPAIR, PRIMARY, TORN LIGAMENT	27407	27407	490	18,449.00			100.00		18,449.00
REPAIR, SECONDARY, ACHILLES	27654	27654	490	11,003.79			100.00		11,003.79
REPAIR, SECONDARY, DISRUPTED	27698	27698	490	7,931.00			100.00		7,931.00
REPAIR, TENDON OR MUSCLE,	25270	25270	490	6,963.00			100.00		6,963.00
REPAIR, TENDON OR MUSCLE,	25274	25274	490	6,963.00			100.00		6,963.00
REPAIR, TENDON OR MUSCLE, FLEXOR,	25260	25260	490	6,963.00			100.00		6,963.00
REPAIR, TENDON OR MUSCLE, FLEXOR,	25265	25265	490	6,963.00			100.00		6,963.00
REPAIR, TENDON OR MUSCLE, UPPER	24341	24341	490	11,386.00			100.00		11,386.00
REPAIR, TENDON SHEATH, EXTENSOR,	25275	25275	490	6,963.00			100.00		6,963.00
REPAIR, TENDON, EXTENSOR, FOOT;	28208	28208	490	5,659.00			100.00		5,659.00
REPAIR, TENDON, FLEXOR, FOOT;	28200	28200	490	5,659.00			100.00		5,659.00
REPAIR, TENDON, FLEXOR, FOOT;	28202	28202	490	5,659.00			100.00		5,659.00
RESECTION OR TRANSPLANTATION OF	23440	23440	490	11,386.00			100.00		11,386.00
RESECTION, CONDYLE(S), DISTAL END	28153	28153	490	5,659.00			100.00		5,659.00
RESECTION, PARTIAL OR COMPLETE,	28126	28126	490	5,659.00			100.00		5,659.00
REVISION OF RECONSTRUCTED BREAST	19380	19380	490	10,493.00			100.00		10,493.00
RHYTIDECTOMY; CHEEK, CHIN, AND	15828	15828	490	5,937.00			100.00		5,937.00
RHYTIDECTOMY; FOREHEAD	15824	15824	490	5,937.00			100.00		5,937.00
RHYTIDECTOMY; GLABELLAR FROWN	15826	15826	490	5,937.00			100.00		5,937.00
RHYTIDECTOMY; NECK WITH	15825	15825	490	5,937.00			100.00		5,937.00
RHYTIDECTOMY; SUPERFICIAL	15829	15829	490	5,937.00			100.00		5,937.00
SECONDARY CLOSURE OF SURGICAL	13160	13160	490	5,937.00			100.00		5,937.00
SEQUESTRECTOMY (EG, FOR	24138	24138	490	6,963.00			100.00		6,963.00
SESAMOIDECTOMY, FIRST TOE	28315	28315	490	5,659.00			100.00		5,659.00
SHAVING OF EPIDERMAL OR DERMAL	11310	11310	490	1,324.00			100.00		1,324.00
SHAVING OF EPIDERMAL OR DERMAL	11307	11307	490	1,385.00			100.00		1,385.00
SHAVING OF EPIDERMAL OR DERMAL	11300	11300	490	1,324.00			100.00		1,324.00
SHORTENING OF TENDON, EXTENSOR,	26477	26477	490	4,476.00			100.00		4,476.00
SIMPLE REPAIR OF SUPERFICIAL	12016	12016	490	1,666.00			100.00		1,666.00
SIMPLE REPAIR OF SUPERFICIAL	12011	12011	490	1,606.00			100.00		1,606.00
SIMPLE REPAIR OF SUPERFICIAL	12013	12013	490	1,606.00			100.00		1,606.00
SIMPLE REPAIR OF SUPERFICIAL	12017	12017	490	1,666.00			100.00		1,666.00
SIMPLE REPAIR OF SUPERFICIAL	12005	12005	490	1,727.00			100.00		1,727.00
SIMPLE REPAIR OF SUPERFICIAL	12001	12001	490	1,702.00			100.00		1,702.00
SIMPLE REPAIR OF SUPERFICIAL	12002	12002	490	1,606.00			100.00		1,606.00
SIMPLE REPAIR OF SUPERFICIAL	12006	12006	490	1,606.00			100.00		1,606.00
SPINAL PUNCTURE, LUMBAR,	62270	62270	490	1,059.00			100.00		1,059.00
SPLIT GRAFT, FACE, SCALP, EYELIDS,	15120	15120	490	5,937.00			100.00		5,937.00
SPLIT GRAFT, TRUNK, ARMS, LEGS;	15100	15100	490	5,937.00			100.00		5,937.00
SUBCUTANEOUS INJECTION OF FILLING	11950	11950	490	1,509.00			100.00		1,509.00
SUBCUTANEOUS INJECTION OF FILLING	11952	11952	490	1,544.00			100.00		1,544.00
SUCTION ASSISTED LIPECTOMY; HEAD	15876	15876	490	5,937.00			100.00		5,937.00
SUCTION ASSISTED LIPECTOMY; LOWER	15879	15879	490	5,937.00			100.00		5,937.00
SUCTION ASSISTED LIPECTOMY; TRUNK	15877	15877	490	5,937.00			100.00		5,937.00
SUCTION ASSISTED LIPECTOMY; UPPER	15878	15878	490	3,889.00			100.00		3,889.00
SUPPLIES AND MATERIALS (EXCEPT	99070	99070	278				100.00		0.00
SURGICAL PREPARATION OR CREATION	15000	15000	490	2,030.00			100.00		2,030.00
SURGICAL SUPPLY; MISCELLANEOUS	A4649	A4649	278				100.00		0.00
SURGICAL TREATMENT OF ANAL	46280	46280	490				100.00		0.00
SURGICAL TREATMENT OF ANAL	46285	46285	490				100.00		0.00
SURGICAL TREATMENT OF ANAL	46270	46270	490				100.00		0.00
SURGICAL TREATMENT OF ANAL	46275	46275	490				100.00		0.00
SUTURE FACIAL NERVE,	69745	69745	490				100.00		0.00
SUTURE FACIAL NERVE,	69740	69740	490				100.00		0.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
SUTURE OF DIGITAL NERVE, HAND OR	64832	64832	490	9,186.00			100.00		9,186.00
SUTURE OF DIGITAL NERVE, HAND OR	64831	64831	490	9,186.00			100.00		9,186.00
SUTURE OF INFRAPATELLAR TENDON;	27380	27380	490	5,783.00			100.00		5,783.00
SUTURE OF ONE NERVE, HAND OR	64834	64834	490	9,186.00			100.00		9,186.00
SUTURE OF ONE NERVE, HAND OR	64835	64835	490	9,186.00			100.00		9,186.00
SUTURE OF ONE NERVE, HAND OR	64836	64836	490	9,186.00			100.00		9,186.00
SUTURE OF QUADRICEPS OR	27385	27385	490	5,783.00			100.00		5,783.00
SUTURE OF QUADRICEPS OR	27386	27386	490	5,783.00			100.00		5,783.00
SYNDACTYLIZATION, TOES (EG,	28280	28280	490	5,659.00			100.00		5,659.00
SYNOVECTOMY, CARPOMETACARPAL	26130	26130	490	4,476.00			100.00		4,476.00
SYNOVECTOMY, EXTENSOR TENDON	25118	25118	490	6,963.00			100.00		6,963.00
SYNOVECTOMY, EXTENSOR TENDON	25119	25119	490	6,963.00			100.00		6,963.00
SYNOVECTOMY,	26135	26135	490	7,170.00			100.00		7,170.00
SYNOVECTOMY, PROXIMAL	26140	26140	490	4,476.00			100.00		4,476.00
SYNOVECTOMY, TENDON SHEATH,	28088	28088	490	5,659.00			100.00		5,659.00
SYNOVECTOMY, TENDON SHEATH,	28086	28086	490	5,659.00			100.00		5,659.00
SYNOVECTOMY, TENDON SHEATH,	26145	26145	490	4,476.00			100.00		4,476.00
SYNOVECTOMY, INTERTARSAL OR	28070	28070	490	5,659.00			100.00		5,659.00
SYNOVECTOMY;	28072	28072	490	5,659.00			100.00		5,659.00
TENDON GRAFT, FROM A DISTANCE (EG,	20924	20924	490	6,963.00			100.00		6,963.00
TENDON LENGTHENING, UPPER ARM OR	24305	24305	490	6,963.00			100.00		6,963.00
TENDON TRANSPLANTATION OR	25310	25310	490	11,386.00			100.00		11,386.00
TENDON TRANSPLANTATION OR	25312	25312	490	11,386.00			100.00		11,386.00
TENODESIS AT WRIST; FLEXORS OF	25300	25300	490	6,963.00			100.00		6,963.00
TENODESIS OF BICEPS TENDON AT	24340	24340	490	11,386.00			100.00		11,386.00
TENODESIS OF LONG TENDON OF	23430	23430	490	11,386.00			100.00		11,386.00
TENODESIS; OF DISTAL JOINT, EACH	26474	26474	490	4,476.00			100.00		4,476.00
TENODESIS; OF PROXIMAL	26471	26471	490	4,476.00			100.00		4,476.00
TENOLYSIS, EXTENSOR TENDON, HAND	26445	26445	490	4,476.00			100.00		4,476.00
TENOLYSIS, FLEXOR OR EXTENSOR	25295	25295	490	5,783.00			100.00		5,783.00
TENOLYSIS, FLEXOR OR EXTENSOR	27680	27680	490	6,963.00			100.00		6,963.00
TENOLYSIS, FLEXOR TENDON; PALM	26442	26442	490	7,170.00			100.00		7,170.00
TENOLYSIS, FLEXOR TENDON; PALM OR	26440	26440	490	7,170.00			100.00		7,170.00
TENOLYSIS, FLEXOR, FOOT: SINGLE	28220	28220		5,783.00			100.00		5,783.00
TENOTOMY, ELBOW LATERAL OR	24358	24358	490	4,163.00			100.00		4,163.00
TENOTOMY, ELBOW, LATERAL, OR	24357	24357	490	4,163.00			100.00		4,163.00
TENOTOMY, ELBOW, MEDIAL OR	24359	24359	490	4,163.00			100.00		4,163.00
TENOTOMY, EXTENSOR, HAND OR	26460	26460	490	4,476.00			100.00		4,476.00
TENOTOMY, FLEXOR, FINGER, OPEN,	26455	26455	490	4,476.00			100.00		4,476.00
TENOTOMY, FLEXOR, PALM, OPEN,	26450	26450	490	4,476.00			100.00		4,476.00
TENOTOMY, LENGTHENING, OR	28240	28240	490	5,659.00			100.00		5,659.00
TENOTOMY, OPEN, EXTENSOR, FOOT OR	28234	28234	490	5,659.00			100.00		5,659.00
TENOTOMY, OPEN, FLEXOR OR	25290	25290	490	6,963.00			100.00		6,963.00
TENOTOMY, OPEN, TENDON FLEXOR;	28230	28230	490	5,659.00			100.00		5,659.00
TENOTOMY, OPEN, TENDON FLEXOR;	28232	28232	490	5,659.00			100.00		5,659.00
TENOTOMY, PERCUTANEOUS, ACHILLES	27606	27606	490	5,783.00			100.00		5,783.00
TENOTOMY, PERCUTANEOUS, ACHILLES	27605	27605	490	5,659.00			100.00		5,659.00
TENOTOMY, PERCUTANEOUS,	27306	27306	490	5,783.00			100.00		5,783.00
TENOTOMY, PERCUTANEOUS, SINGLE,	26060	26060	490	4,476.00			100.00		4,476.00
TENOTOMY, PERCUTANEOUS, TOE;	28010	28010	490	5,659.00			100.00		5,659.00
TENOTOMY, SHOULDER AREA; SINGLE	23405	23405	490	6,730.00			100.00		6,730.00
TISSUE CULTURED EPIDERMAL	15155	38207	490	5,628.00			100.00		5,628.00
TRANSFER OR TRANSPLANT OF SINGLE	27691	27691	490	11,386.00			100.00		11,386.00
TRANSFER OR TRANSPLANT OF	26483	26483	490	7,170.00			100.00		7,170.00
TRANSFER OR TRANSPLANT OF	26480	26480	490	7,170.00			100.00		7,170.00
TRANSFER OR TRANSPLANT OF	26485	26485	490	7,170.00			100.00		7,170.00

Description	Q Code	CPTCode	Rev Code	Cost	Markup	Flatfee	Markup%	Billable	Billable Fee
TREATMENT OF CLOSED ELBOW	24605	24605	490	4,043.00			100.00		4,043.00
TREATMENT OF HUMERAL SHAFT	24516	24516	490	15,855.00			100.00		15,855.00
TREATMENT OF SUPERFICIAL WOUND	12020	12020	490	1,702.00			100.00		1,702.00
TREATMENT OF TARSAL BONE	28450	28450	490	2,371.00			100.00		2,371.00
TREATMENT OF TIBIAL SHAFT	27759	27759	490	15,855.00			100.00		15,855.00
TRIGGER FINGER RELEASE	26055	26055	490	4,476.00			100.00		4,476.00
UNLISTED DIAGNOSTIC RADIOGRAPHIC	76499	76499	490	552.00			100.00		552.00
UNLISTED MUSCULOSKELETAL	21499	21499	490	2,636.00			100.00		2,636.00
UNLISTED PROCEDURE, ABDOMEN,	22999	22999	490	5,783.00			100.00		5,783.00
UNLISTED PROCEDURE, ARTHROSCOPY	29999	29999	490	7,931.00			100.00		7,931.00
UNLISTED PROCEDURE, BREAST	19499	19499	490	5,342.00			100.00		5,342.00
UNLISTED PROCEDURE, FOOT OR TOES	28899	28899	490	2,919.00			100.00		2,919.00
UNLISTED PROCEDURE, FOREARM OR	25999	25999	490	3,847.00			100.00		3,847.00
UNLISTED PROCEDURE, HANDS OR	26989	26989	490	2,096.00			100.00		2,096.00
UNLISTED PROCEDURE, HUMERUS OR	24999	24999	490	3,810.00			100.00		3,810.00
UNLISTED PROCEDURE, LEG OR ANKLE	27899	27899	490	5,013.00			100.00		5,013.00
UNLISTED PROCEDURE, NERVOUS	64999	64999	490	2,160.00			100.00		2,160.00
UNLISTED PROCEDURE, SHOULDER	23929	23929	490	2,427.00			100.00		2,427.00
UNLISTED PROCEDURE, SKIN, MUCOUS	17999	17999	490	1,268.00			100.00		1,268.00
UNLISTED PROCEDURE, SPINE	22899	22899	490	5,783.00			100.00		5,783.00
Unspecified Procedure	UNSPEC						100.00		0.00
WEDGE EXCISION OF SKIN OF NAIL	11765	11765	490	1,560.00			100.00		1,560.00
WOUND CLOSURE OF EXTREMITY	20103	20103	490	1,968.00			100.00		1,968.00

1110.1540(k) – Assurances

Deerpath ASTC maintains a peer review process. Below is the Policy statement that has been reviewed by IDPH and accreditation agencies.

Peer Review:

Review of the medical records evaluates the medical necessity of the procedures performed and the appropriateness of the care provided. The program allows for appropriate actions to the findings of the program, as follows:

1. Changes in policies and procedures.
2. Staffing and assignment changes.
3. Appropriate education and training.
4. Adjustments in clinical privileges.
5. Changes/needs in equipment or physical plant.
6. Infection control.

A surgeon not involved in the cases shall review the following cases in the absence of the operating physician/surgeon:

1. Realistic sampling of cases from procedures performed during the preceding three (3) months for having met the prescribed criteria set forth. Ten cases is the size of the initial sampling.
2. All cases involving major complications or death.
3. All cases in which there was a major discrepancy between pre-and post-operative diagnosis.

Anesthesia Review:

The anesthesia review is performed quarterly by an Anesthesiologist not involved with the case being reviewed. Patient charts are reviewed to determine the overall efficacy and quality of the anesthesia. The number of charts reviewed should represent a realistic sampling (10 cases). Prolonged recovery times, subsequent hospitalizations and all complications are recorded on an Anesthesia Review Sheet. The results are submitted to the Quality Improvement Committee.

Safety:

The ASC manager shall act as Safety Officer. All equipment and environment monitoring check lists are reviewed as appropriate. Any deviation from expected levels of operating is summarized by the ASC Manager and/or Quality Improvement Coordinator and reported to the Quality Improvement Committee. All incident reports are reviewed for possible patterns.

DEERPATH ORTHOPEDIC SURGICAL CENTER
Morris, Illinois

Deerpath ASTC assures that by the second year after completion of the project, that the facility will meet or exceed the utilization standard of 1,500 hours per treatment room. This assurance is made based upon the physician commitment of referrals, and a projection of 3,204 case hours of surgery by year 2 after the project completion.

AVAILABILITY OF FUNDS



October 13, 2017

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Re: Deerpath Orthopedic Surgical Center, LLC, 1051 West Rt. 6, Morris, IL 60450

To whom it may concern,

Please be advised that Deerpath Orthopedic Surgical Center, LLC, has been approved for an equipment loan, not to exceed \$600,000, for its service expansion project at 1051 West Rt. 6 Morris, IL 60450. The loan will be amortized up to 84 months, at a fixed interest rate of 200bps over the 5 year Treasury, at the time of closing.

It is understood that these funds will not be drawn upon until the expansion project is approved by the Health Facilities and Service Review Board.

Please feel free to contact me at the below numbers should you need any additional information.

Sincerely,

First Midwest Bank

A handwritten signature in black ink, appearing to read "Jeffrey T. Rzasa".

Jeffrey T. Rzasa
Senior Vice President
220 West Main Street
Morris, IL 60450
Ph. 815-941-3786
Cell. 815-325-5400
Jeff.rzasa@firstmidwest.com

DEERPATH ORTHOPEDIC SURGICAL CENTER
Morris, Illinois

FINANCIAL VIABILITY

	Base Yr1 2018(p)	2014 Deerpath	2015 Deerpath	2016 Deerpath	Add Year 2	Add Year 3	CON Data	
							Year 1 (2019) Combined	Year 2 (2020) Combined
Ratios								
Current Ratio	5.2	1.4	1.2	1.4	3.9	4.1	3.9	4.1
Net Margin Percentage	62%	12%	15%	16%	61%	63%	45%	47%
Long-Term to Capitalization	24%	N/A	N/A	N/A	26%	22%	26%	22%
Projected Debt Service Coverage	27	N/A	N/A	N/A	32	35	32	35
Days-Cash-on-Hand	50	138	92	136	101	150	101	150
Cushion Ratio	2.1	N/A	N/A	N/A	4.5	7.0	4.5	7.0

*N/A (Not Applicable) these ratios include a calculation for long-term debt. Deerpath Orthopedic Surgical Center currently has no long-term debt.

The 2016 Financial Report for the ASTC follows:

Deerpath Orthopedic Surgical Center, L.L.C.

Financial Report
(Reviewed)
December 31, 2016

Contents

Independent Accountant's Review Report	1
Financial Statements	
Balance sheets	2
Statements of income	3
Statements of members' equity	4
Statements of cash flows	5
Notes to financial statements	6-10



Independent Accountant's Review Report

We have reviewed the accompanying financial statements of Deerpath Orthopedic Surgical Center, L.L.C., which comprise the balance sheets as of December 31, 2016 and 2015, and the related statements of income, members' equity and cash flows for the years then ended, and related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services, promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with the accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

RSM VS LLP

1

Deerpath Orthopedic Surgical Center, L.L.C.

Balance Sheets

December 31, 2016 and 2015

See Independent Accountant's Review Report

	2016	2015
Assets		
Current Assets		
Cash	\$ 632,980	\$ 438,086
Patient accounts receivable, net	346,421	293,531
Inventory	252,063	254,057
Other current assets	26,829	26,646
Total current assets	1,258,293	1,012,320
Leasehold Improvements and Equipment, net	36,881	36,186
	<u>\$ 1,295,174</u>	<u>\$ 1,048,506</u>
Liabilities and Members' Equity		
Current Liabilities		
Line of credit	\$ 87,408	\$ 87,502
Accounts payable	74,275	83,159
Advance from third-party payor	691,488	617,576
Deferred rent	22,868	-
Accrued liabilities	33,707	30,981
Total current liabilities	909,746	819,218
Members' Equity	385,428	229,288
	<u>\$ 1,295,174</u>	<u>\$ 1,048,506</u>

See Notes to Financial Statements.

Deerpath Orthopedic Surgical Center, L.L.C.

Statements of Income

Years Ended December 31, 2016 and 2015

See Independent Accountant's Review Report

	2016	2015
Net patient revenue	\$ 2,036,792	\$ 2,043,497
Expenses:		
Salaries and wages	557,652	569,357
Employee benefits and payroll taxes	52,238	57,021
Supplies and medications	520,730	498,247
Professional fees	62,914	58,616
Rent	270,426	283,378
Repairs and maintenance	75,021	114,128
Staff development, training, and education	1,342	3,469
Utilities	58,267	45,460
Depreciation and amortization	10,046	10,729
Insurance	24,809	24,898
Office expense	79,426	78,835
Gain on sale of assets	(2,927)	-
Other	2,108	753
Total expenses	1,712,052	1,744,891
Operating income	324,740	298,606
Nonoperating income (expense):		
Interest income	1,469	1,587
Interest expense	(2,075)	(2,892)
	(606)	(1,305)
Net income	\$ 324,134	\$ 297,301

See Notes to Financial Statements.

Deerpath Orthopedic Surgical Center, L.L.C.

Statements of Members' Equity
Years Ended December 31, 2016 and 2015
See Independent Accountant's Review Report

	2016	2015
Balance, beginning	\$ 229,288	\$ 406,558
Net Income	324,134	297,301
Contributions	43,251	-
Distributions	(211,245)	(474,571)
Balance, ending	<u>\$ 385,428</u>	<u>\$ 229,288</u>

See Notes to Financial Statements.

Deerpath Orthopedic Surgical Center, L.L.C.

Statements of Cash Flows

Years Ended December 31, 2016 and 2015

See Independent Accountant's Review Report

	2016	2015
Cash Flows From Operating Activities		
Net income	\$ 324,134	\$ 297,301
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization	10,046	10,729
(Gain) on sale of equipment	(2,927)	-
Increase (decrease) from changes in:		
Accounts receivable	(52,890)	108,399
Inventory	1,994	1,315
Other current assets	(183)	(314)
Accounts payable	(8,884)	22,981
Advance from third-party payor	73,912	(232,270)
Deferred rent	22,868	-
Accrued liabilities	2,726	3,434
Net cash provided by operating activities	370,796	211,575
Cash Flows From Investing Activities		
Purchase of equipment,	(14,896)	(3,840)
Proceeds from sale of equipment	7,082	-
Net cash used in investing activities	(7,814)	(3,840)
Cash Flows From Financing Activities		
Net proceeds (payments) on line of credit	(94)	100
Member distributions paid	(211,245)	(474,571)
Capital contribution	43,251	-
Net cash used in financing activities	(168,088)	(474,471)
Net increase (decrease) in cash	194,894	(266,736)
Cash:		
Beginning of the year	438,086	704,822
End of the year	\$ 632,980	\$ 438,086
Supplemental Disclosure of Cash Flow Information		
Cash payments for:		
Interest	\$ 2,075	\$ 2,892

See Notes to Financial Statements.

Deerpath Orthopedic Surgical Center, L.L.C.

Notes to Financial Statements

See Independent Accountant's Review Report

Note 1. Nature of Business and Significant Accounting Policies

Nature of business: Deerpath Orthopedic Surgical Center, L.L.C. (the "Facility") provides surgical procedures to patients primarily from Grundy County, Illinois. A significant portion of the Facility's revenue is related to contractual arrangements with managed care organizations, Medicare, Medicaid, and other third-party providers.

A summary of the Facility's significant accounting policies follows:

Cash: The Facility maintains bank accounts that may exceed federally insured limits. The Facility has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk.

Accounting estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. Estimates significant to the financial statements include contractual allowances related to patient accounts receivable. Due to uncertainties in the estimation process, it is at least reasonably possible that changes in these estimates in the near-term would be material to the financial statements.

Patient accounts receivable and advance from third-party payor: The collection of receivables from third-party payors and patients is the Facility's primary source of cash for operations and is critical to its operating performance. Accounts receivable, where a third-party payor is responsible for paying the amount, are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided to third-party payors.

Accounts receivable due directly from patients are carried at the original charge for the service provided, less amounts covered by third-party payors and less an estimated allowance for doubtful accounts. Management determines the allowance for doubtful accounts by regularly evaluating individual receivables and considering the counterparties' financial condition, credit history, and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of receivables previously written off are recorded as a reduction of the provision for doubtful accounts when received. The allowance for uncollectible accounts has a balance of \$25,000 as of December 31, 2016 and 2015. A receivable is considered past due when it exceeds the Facility's terms. Interest is not charged on past due receivables.

Payables related to estimated settlements on a certain contract in which the facility participants are reported as advance from third-party payor.

Inventory: Inventory consists of medical supplies and medications. Inventory is valued at the lower of cost or market, using the first-in, first-out (FIFO) method.

Leasehold improvements and equipment: Leasehold improvements and equipment are stated at cost. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets. Leasehold improvements are amortized over the shorter of the useful life or the lease term. Costs of maintenance and repairs are charged to expense when incurred.

Income taxes: The Facility is organized in the state of Illinois as a limited liability company. As a limited liability company, the income or loss of the Facility is passed through to the members to be taxed at the individual level. Consequently, no federal income tax provision is reflected in the Facility's financial statements for the years ended December 31, 2016 and 2015. The Facility is responsible for the state of Illinois replacement tax.

Deerpath Orthopedic Surgical Center, L.L.C.

Notes to Financial Statements

See Independent Accountant's Review Report

Note 1. Nature of Business and Significant Accounting Policies (Continued)

No provision has been made for any amounts which may be advanced or paid as distributions to the members to assist them in paying their personal income taxes on the income of the Facility. The Facility's practice is to pay distributions which will assist the members in meeting tax payments on the Facility's activity.

The Facility recognizes tax benefits from uncertain tax positions, if any, only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on technical merits of the position.

Personal assets and liabilities and members' salaries: In accordance with the generally accepted method of presenting limited liability company financial statements, the financial statements presented do not include the personal assets and liabilities of the members, including the obligation or receivable for income taxes on their distributable share of the net income of the limited liability company. The Facility does not pay salaries to members.

Net patient revenue: The Facility has agreements with third-party payors that provide for payments to the Facility at amounts different from its established rates. Payment arrangements include reimbursed costs or discounted rates as defined by each program for referred services provided.

Net patient revenue is reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered. Retroactively calculated adjustments arising under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods.

Pending accounting pronouncements: In May 2014, the Financial Accounting Standards Board (FASB) issues Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)* requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The updated standard will replace most existing revenue recognition guidance in U.S. generally accepted accounting principles (U.S. GAAP) when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU No. 2015-14 which deferred the effective date of ASU No. 2014-09 one year, making it effective for annual reporting periods beginning after December 15, 2018. Earlier application is permitted only as of annual reporting periods beginning after December 15, 2016.

In July 2015, the FASB issued ASU No. 2015-11, *Inventory (Topic 330): Simplifying the Measurement of Inventory*. The amendments in the ASU require entities that measure inventory using the first-in, first-out or average cost methods to measure inventory at the lower of cost and net realizable value. Net realizable value is defined as estimated selling price in the ordinary course of business less reasonably predictable costs of completion, disposal and transportation. ASU No. 2015-11 is effective for financial statements issued for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2016 on a prospective basis. Early adoption of ASU No. 2015-11 is permitted.

Deerpath Orthopedic Surgical Center, L.L.C.

Notes to Financial Statements

See Independent Accountant's Review Report

Note 1. Nature of Business and Significant Accounting Policies (Continued)

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842). The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under new guidance, lessees are required to recognize lease assets and lease liabilities on the balance sheet for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the income statement. The new standard is effective for fiscal years beginning after December 15, 2019, including interim periods within those fiscal years. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available.

Management of the facility is currently evaluating the effect that the above guidance will have on the facility financial statements.

Subsequent events: The Facility has evaluated subsequent events for potential recognition and/or disclosure through March 30, 2017, the date the financial statements were available to be issued.

Note 2. Leasehold Improvements and Equipment

Leasehold improvements and equipment are summarized as follows at December 31:

	2016	2015
Medical and surgical equipment	\$ 663,196	\$ 663,196
Furniture and fixtures	80,122	80,122
Computer software	36,113	36,113
Leasehold improvements	39,340	31,368
	<u>818,771</u>	<u>810,799</u>
Accumulated depreciation	<u>781,890</u>	<u>774,613</u>
Net leasehold improvements and equipment	<u>\$ 36,881</u>	<u>\$ 36,186</u>

Note 3. Line of Credit and Pledged Assets

The Facility has a revolving line of credit with a financial institution which matures in September 2017 and provides for borrowings up to \$500,000. The line of credit is limited to 80% of eligible accounts receivable. At December 31, 2016, the Facility had additional borrowing capacity on the line of approximately \$183,000 taking into account the contractual allowance on eligible receivables. Interest is charged on the outstanding balance at the bank's prime rate. Borrowings under this line were \$87,408 and \$87,502 at December 31, 2016 and 2015, respectively. At December 31, 2016, the prime rate was 3.75%. The line of credit is collateralized by substantially all assets of the Facility.

Note 4. Related Party Transactions, and Lease Agreement

The Facility conducts its operations from premises leased from a third party. The 15-year lease agreement requires the Facility to pay base rent per month, plus taxes, insurance and maintenance, on the property and expires in March 2031. The base rent on an annual basis is to be increased by 2%.

Deerpath Orthopedic Surgical Center, L.L.C.

Notes to Financial Statements
See Independent Accountant's Review Report

Note 4. Related Party Transactions, and Lease Agreement (Continued)

Rent expense was approximately \$286,500 and \$317,200 for the years ended December 31, 2016 and 2015, respectively.

Future minimum lease payments under the new operating lease are as follows:

Year Ending December 31,

2017	\$	202,464
2018		206,507
2019		210,621
2020		214,860
2021		219,134
Thereafter		2,246,251
	\$	<u>3,299,837</u>

The Facility also rents equipment and receives services for transcription, coding, accounting, and quality control from other limited liability companies which have some of the same members. Expenses for these services totaled approximately \$54,100 and \$44,100 for the years ended December 31, 2016 and 2015, respectively. Accounts payable to related parties for the services noted above totaled \$27,200 and \$14,000 at December 31, 2016 and 2015, respectively.

Note 5. Retirement Plan

The Facility maintains a retirement plan for substantially all employees established pursuant to Internal Revenue Code Section 401(k). Terms of the plan allow for salary deferrals subject to Internal Revenue Code limitations. In addition, a discretionary employer match of 50% of 6% of the salary deferral is allowed. Contributions to the plan were approximately \$6,500 in 2016 and \$9,900 in 2015.

Note 6. Contractual Arrangements with Third Party Payors

The Facility provides care to certain patients under Medicare and Medicaid programs. The Medicare program pays for substantially all outpatient services at predetermined rates under its corresponding prospective payment system based on treatment diagnosis. The Medicaid program reimburses the Facility for outpatient services at predetermined rates. Changes in the Medicare and Medicaid programs and reductions of funding levels could have an adverse effect on the future amounts recognized as net patient revenue.

The Facility has also entered into payment arrangements with certain managed care organizations. The basis for payment to the Facility under these agreements includes discounts from established charges.

Deerpath Orthopedic Surgical Center, L.L.C.

Notes to Financial Statements

See Independent Accountant's Review Report

Note 6. Contractual Arrangements with Third Party Payors (Continued)

The mix of net professional services revenue was as follows for the years ended December 31:

	2016	2015
Blue Cross Blue Shield	51%	42%
Managed care	15%	25%
Workers compensation	22%	21%
Medicare and Medicaid	12%	12%
	100%	100%

The mix of net patient accounts receivable was as follows at December 31:

	2016	2015
Blue Cross Blue Shield	41%	18%
Managed care	21%	42%
Workers compensation	22%	17%
Medicare and Medicaid	14%	21%
Self pay	2%	2%
	100%	100%

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes the Facility is currently in compliance with all applicable laws and regulations. Final determination of compliance with such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action including fines, penalties, and exclusions from the Medicare and Medicaid programs.

Note 7. Transfer of Membership Interests

The members of the Facility have the ability to transfer membership interests; however, other members have a right of first refusal to purchase the transferring member's share subject to the conditions set forth in the Facility's operating agreement.

Note 8. Professional Liability Insurance

The Facility maintains occurrence-based professional liability insurance coverage subject to a designated deductible amount with limits of \$1,000,000 per occurrence and \$3,000,000 per policy year.

ECONOMIC FEASIBILITY

The entirety of the project costs are to be funded by a bank loan. The letter below includes the terms of that loan.



October 13, 2017

Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Re: Deerpath Orthopedic Surgical Center, LLC, 1051 West Rt. 6, Morris, IL. 60450

To whom it may concern,

Please be advised that Deerpath Orthopedic Surgical Center, LLC, has been approved for an equipment loan, not to exceed \$600,000, for its service expansion project at 1051 West Rt. 6 Morris, IL. 60450. The loan will be amortized up to 84 months, at a fixed interest rate of 200bps over the 5 year Treasury, at the time of closing.

It is understood that these funds will not be drawn upon until the expansion project is approved by the Health Facilities and Service Review Board.

Please feel free to contact me at the below numbers should you need any additional information.

Sincerely,

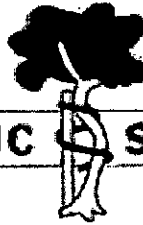
First Midwest Bank

A handwritten signature in black ink, appearing to read "Jeffrey T. Rzaa".

Jeffrey T. Rzaa
Senior Vice President
220 West Main Street
Morris, IL. 60450
Ph. 815-941-3786
Cell. 815-325-5400
Jeff.rzaa@firstmidwest.com

REASONABLENESS OF FINANCING ARRANGEMENTS

DEERPETH
ORTHOPEDIC SURGICAL
CENTER



October 17, 2017

Ms. Courtney Avery
Administrator
Health Facilities and Services Review Board
525 West Jefferson St.
Springfield, IL 62761

RE: DEBT FINANCING FOR THE PURCHASE OF MEDICAL EQUIPMENT
Deerpath Orthopedic Surgery Center

Dear Ms. Avery:

This is to confirm that through our analysis of funding options for this project, that:

- Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period ; and
- That the selected form of debt financing for the project will be at the lowest net cost available.

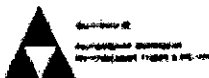
Sincerely,

Keith Rezin

Keith Rezin, MD

Subscribed and sworn to before me this
17th day of October, 2017

Michele R. Cheshareck
Notary Public



Deerpath Orthopedic Surgical Center, LLC

1051 W. Rt. 6 • Morris, IL 60450 • (615) 315-5666 • Fax: (615) 315-5676

REASONABLENESS OF PROJECT AND RELATED COSTS

The entirety of the project costs is associated with consulting fees and medical equipment. These are detailed in Attachment 17.

The Board does not have standards for these costs. However, the estimated project costs are consistent with industry standards.

PROJECTED OPERATING COSTS

Deerpath Orthopedic Surgical Center's "Operating Costs per Case" will actually go down with approval of this project. The facility is currently significantly underutilized. Adding substantial new case volume will help spread their fixed costs over many more cases. Current operating costs per case are approximately \$2,600 and are expected to be less than \$1,000 per case in year 2 of operations; including the additional cost to pay for debt interest expense related to the anticipated borrowing of up to \$600,000.

TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS NOT APPLICABLE

CHARITY CARE

Deerpath Orthopedic Surgical Center currently accepts both Medicare and Medicaid. Due to the limited number of cases and limited specialties, historically Charity Care has been minimal. Upon approval of this project, Deerpath ASTC will have in-place a specific Financial Assistance/Charity Care policy that is consistent with that of Morris Hospital & Healthcare Centers.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	\$1,976,094	\$2,125,411	\$1,876,234
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0