19-001

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

JAN 15 2019

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	OAK Ambulatory Surgery Center			
Street Address:	legal description provided (approx. 6700 S. La Grange Rd. Bourbonnais, IL 60914)			
City and Zip Code:	Bourbonnais, IL 60914			
County: Kankakee	Health Service Area: IX	Health Planning Area: NA		

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

Exact Legal Name:	OAK ASC, LLC
Street Address:	400 South Kennedy Drive, Suite 100
City and Zip Code:	Bradley, IL 60915
Name of Registered Agent:	Michael J. Corcoran, MD
Registered Agent Street Address:	400 South Kennedy Drive, Suite 100
Registered Agent City and Zip Code:	Bradley, IL 60915
Name of Chief Executive Officer:	Paige Cripe, CPA
CEO Street Address:	400 South Kennedy Drive, Suite 100
CEO City and Zip Code:	Bradley, IL 60915
CEO Telephone Number:	815/928-8050

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	Limited Liability Company	☐	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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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.

Facility/Project Identification

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Street Address:	legal description provided (approx. 6700 S. La Grange Rd. Bourbonnais, IL 60914)
City and Zip Code:	Bourbonnais, IL 60914
County: Kankakee	Health Service Area: IX Health Planning Area: NA

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

Exact Legal Name:	OAK Real Estate Ventures, LLC
Street Address:	400 South Kennedy Drive, Suite 100
City and Zip Code:	Bradley, IL 60915
Name of Registered Agent:	Milton J. Smit, MD
Registered Agent Street Address:	400 South Kennedy Drive, Suite 100
Registered Agent City and Zip Code:	Bradley, IL 60915
Name of Chief Executive Officer:	Paige Cripe, CPA
CEO Street Address:	400 South Kennedy Drive, Suite 100
CEO City and Zip Code:	Bradley, IL 60915
CEO Telephone Number:	815/928-8050

Type of Ownership of Applicants

☐ Non-profit Corporation
☐ For-profit Corporation
X Limited Liability Company
☐ Partnership
☐ Governmental
☐ 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.

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
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:	Paige Cripe, CPA
Title:	CEO
Company Name:	OAK Orthopedics
Address:	400 South Kennedy Drive, Suite 100 Bradley, IL 60915
Telephone Number:	815/928-8050
E-mail Address:	paigecripe@OAK ortho.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OAK Real Estate Ventures, LLC

Address of Site Owner: 400 South Kennedy Drive, Suite 100 Bradley, IL 60915

Street Address or Legal Description of the Site: legal description provided

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: OAK ASC, LLC

Address: 400 South Kennedy Drive, Suite 100 Bradley, IL 60915

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	Limited Liability Company	☐	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 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

[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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

X Substantive

☐ Non-substantive

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.

The applicants propose the establishment of an ambulatory surgical treatment center ("ASTC") to be located in a medical clinics building to be constructed in Bourbonnais, Illinois. A legal description of the site is provided.

Orthopedic surgery, podiatric surgery and pain management services will be provided at the ASTC.

Members of OAK Orthopedics, through an entity affiliated with the applicants for this Certificate of Need application, hold a 55% ownership interest in Oak Surgical Institute ("OSI"). The members of Oak Orthopedics will, within thirty days of the opening of the proposed ASTC, cease referring patients to OSI and recommend the discontinuation of that facility.

The proposed project is classified as "substantive", in that it is proposing the establishment of a licensed health care facility.

PROJECT COST AND SOURCES OF FUNDS

		Reviewable	Non-Reviewable		Total
Project Cost:					
Preplanning Costs		$ 110,000	$ 5,000		$ 115,000
Site Survey and Soil Investigation					
Site Preparation		$ 250,000	$ 5,000		$ 255,000
Off Site Work					
New Construction Contracts		$ 4,961,250	$ 116,250		$ 5,077,500
Modernization Contracts					
Contingencies		$ 245,000	$ 7,500		$ 252,500
Architectural/Engineering Fees		$ 400,000	$ 9,500		$ 409,500
Consulting and Other Fees		$ 208,550	$ 6,450		$ 215,000
Movable and Other Equipment (not in construction contracts)		$ 1,464,700	$ 45,300		$ 1,510,000
Net Interest Expense During Construction Period		$ 175,038	$ 9,213		$ 184,250
Fair Market Value of Leased Space or Equipment		$ 4,946,650	$ 260,350		$ 5,207,000
Other Costs to be Capitalized					
Acquisition of Building or Other Property					
TOTAL USES OF FUNDS		**$ 12,761,188**	**$ 464,563**		**$ 13,225,750**
Sources of Funds:					
Cash and Securities		$ 1,246,163	$ 65,588		$ 1,311,750
Pledges					
Gifts and Bequests					
Bond Issues (project related)					
Mortgages		$ 6,568,375	$ 138,625		$ 6,707,000
Leases (fair market value)		$ 4,946,650	$ 260,350		$ 5,207,000
Governmental Appropriations					
Grants					
Other Funds and Sources					
TOTAL SOURCES OF FUNDS		**$ 12,761,188**	**$ 464,563**		**$ 13,225,750**

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 ☐ Yes X No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
X Yes ☐ 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 $ 400,000.

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:

☐ None or not applicable ☐ Preliminary

X Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): April 1, 2022
(const. period midpoint: 8/2021)

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

X Purchase orders, leases or contracts pertaining to the project have been executed.
X 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
X Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, 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:
X Cancer Registry
☐ APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

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Cost Space Requirements

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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**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.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of OAK ASC, LLC* **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 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 fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Michael J. Corcoran MD
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 8th day of January, 2019

Signature of Notary

Seal

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

SIGNATURE

Kermit Muhammad, MD
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 8th day of January, 2019

Signature of Notary

Seal

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

*Insert the EXACT legal name of the applicant

CERTIFICATION

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- 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 is filed on the behalf of OAK REAL ESTATE VENTURES, LLC_* 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 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 fee required for this application is sent herewith or will be paid upon request.

Michael J Corcoran
SIGNATURE

Michael J Corcoran MD
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of January, 2019

Signature of Notary

Seal

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

SIGNATURE

Wesley E Choy MD
PRINTED NAME

Member
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of January, 2019

Signature of Notary

Seal

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

*Insert the EXACT legal name of the applicant

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.

1110.110(a) – Background of the Applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. 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.**

5. 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 1110.110(b) & (d)

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

Criterion 1110.120 - 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	MEET 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:

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.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, 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
☐ **Cardiovascular**
☐ **Colon and Rectal Surgery**
☐ **Dermatology**
☐ **General Dentistry**
☐ **General Surgery**
☐ **Gastroenterology**
☐ **Neurological Surgery**
☐ **Nuclear Medicine**
☐ **Obstetrics/Gynecology**
☐ **Ophthalmology**
☐ **Oral/Maxillofacial Surgery**
X **Orthopedic Surgery**
☐ **Otolaryngology**
X **Pain Management**
☐ **Physical Medicine and Rehabilitation**
☐ **Plastic Surgery**
X **Podiatric Surgery**
☐ **Radiology**
☐ **Thoracic Surgery**
☐ **Urology**
☐ **Other**_____

3. 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
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VI. 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]:**

_$1,311,750__	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;
_$6,707,000_	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

_____ _$5,207,000__	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 –FMV of Leased Space.
$13,225,750	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 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

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 34, 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:		Not applicable, newly-formed applicant entities		Year 2
Current Ratio				15.8
Net Margin Percentage				12%
Percent Debt to Total Capitalization				56%
Projected Debt Service Coverage				3.51
Days Cash on Hand				131
Cushion Ratio				5.0

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 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. 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 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

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.

not applicable, new facility

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 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

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.

not applicable, new facility

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

File Number 0746969-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

OAK ASC, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 07, 2019, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* JANUARY *A.D.* 2019 .

Authentication #: 1900802310 verifiable until 01/08/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 0166332-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

OAK REAL ESTATE VENTURES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 25, 2005, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* JANUARY *A.D.* 2019 .

Authentication #: 1901001804 verifiable until 01/10/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE ATTACHMENT 1

OAK ORTHOPEDICS
SPECIALIZING IN WHAT MOVES YOU

Bradley
400 S. Kennedy Drive, Suite 100
Bradley, IL 60915
Phone: (815) 928-8050
Fax: (815) 928-8932

Frankfort
Highland Office Center, Building D
19552 S. Harlem Avenue
Frankfort, IL 60423
Phone: (815) 469-3452
Fax: (815) 469-4169

Watseka
200 Fairman Avenue
Watseka, IL 60970
Phone: (815) 928-8050
Fax: (815) 928-8932

Illinois Health Facilities and
Services Review Board
Springfield, IL 62761

To Whom It May Concern:

I hereby certify that the site of the proposed ambulatory surgical treatment center addressed in this Certificate of Need application is owned by OAK Real Estate Ventures, LLC, which is related to the newly-formed applicant entity.

Sincerely,

Michael J. Corcoran, MD
Partner
OAK Real estate Ventures, LLC

Notarized:

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

ATTACHMENT 2

January 7, 2019

RE: Letter of Intent to Lease. OAK ASC, LLC

Dear Prospective Tenant:

The following are the terms and condition of which we are prepared to offer in a legally binding lease agreement.

Tenant:	OAK ASC, LLC
Landlord:	OAK Real Estate Ventures, LLC
Premises Address:	6700 S. LaGrange Rd (RT 45) Bourbonnais, IL 60914
Term:	Ten (10) years with 5 year option
Commencement Date:	Upon substantial completion of unit buildout
Base Rent	$43,991/ monthly
Annual Escalation:	2%
Real Estate Taxes & CAM:	At cost
Contingencies:	Lease shall be contingent on obtaining a CON Permit.

This proposal shall constitute the general business terms on which a lease would be drafted.

Very truly yours,

OAK Real Estate Ventures, LLC

ATTACHMENT 2

File Number 0746969-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

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

OAK ASC, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 07, 2019, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 8TH *day of* JANUARY *A.D.* 2019 .

Authentication #: 1900802310 verifiable until 01/08/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

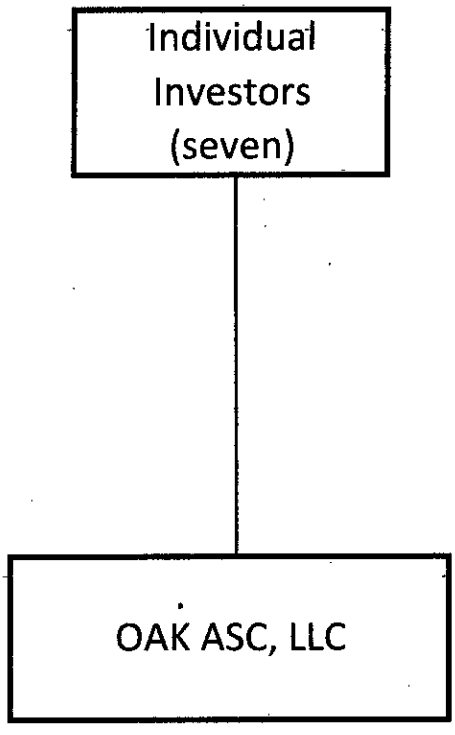
ATTACHMENT 3

OPERATING IDENTITY/LICENSEE

The following individuals each hold a 14.2857% interest in the operating entity/licensee:

Tomasz Antkowiak, MD
Wesley E. Choy, MD
Michael J. Corcoran, MD
Eddie Jones, Jr., MD
Alexander E. Michalow, MD
Kermit Muhammad, MD
Rajeev D. Puri, MD

ORGANIZATIONAL CHART



ATTACHMENT 4

OAK ORTHOPEDICS
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Bradley
400 S. Kennedy Drive, Suite 100
Bradley, IL 60915
Phone: (815) 928-8050
Fax: (815) 928-8932

Frankfort
Highland Office Center, Building D
19552 S. Harlem Avenue
Frankfort, IL 60423
Phone: (815) 469-3452
Fax: (815) 469-4169

Watseka
200 Fairman Avenue
Watseka, IL 60970
Phone: (815) 928-8050
Fax: (815) 928-8932

Illinois Health Facilities and
Services review Board
Springfield, IL 62761

To Whom It May Concern:

I hereby confirm that the project proposed in this Certificate of Need application, that being the establishment of an ambulatory surgical treatment center in a medical clinic building to be constructed in Bourbonnais, Illinois, complies with the requirements of Executive Order #2006-5. A map confirming such, and provided by FEMA, is attached.

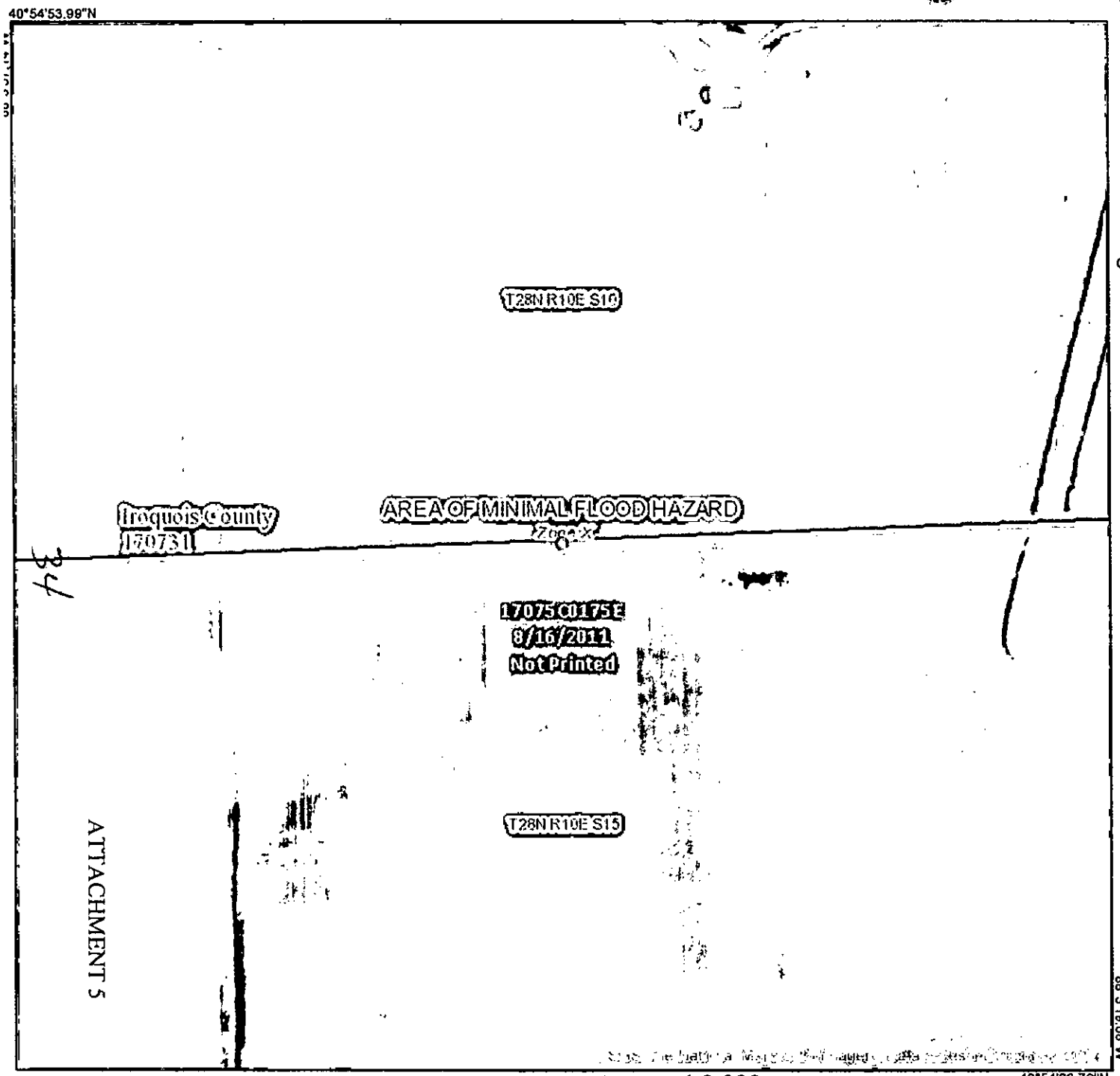
Sincerely,

Paige E. Cripe
Chief Executive Officer

ATTACHMENT 5

National Flood Hazard Layer FIRMette

FEMA



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS
- Without Base Flood Elevation (BFE) Zone A, V, A99
- With BFE or Depth Zone AE, AO, AH, VE, AR
- Regulatory Floodway

OTHER AREAS OF FLOOD HAZARD
- 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levee. See Notes. Zone X
- Area with Flood Risk due to Levee Zone D

OTHER AREAS
- NO SCREEN Area of Minimal Flood Hazard Zone X
- Effective LOMRs
- Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

OTHER FEATURES
- 20.2 Cross Sections with 1% Annual Chance
- 17.8 Water Surface Elevation
- Coastal Transect
- 513 Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Transect Baseline
- Profile Baseline
- Hydrographic Feature

MAP PANELS
- Digital Data Available
- No Digital Data Available
- Unmapped

N

The pin displayed on the map is an approximate point selected by the user and does not represen an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 12/20/2018 at 12:24:15 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

HISTORIC RESOURCES PRESERVATION ACT REQUIREMENTS

A request for determination was made to the Illinois Department of Natural Resources ("DNR") on December 16, 2018. On January 2, 2019 the applicants' consultant received a request from DNR that the applicants secure the services of a professional archaeologist to conduct a Phase 1 Archaeology Reconnaissance survey of the site. Such a survey could not be secured prior to the filing of this Certificate of Need ("CON") application. With the signatures on this CON application's Certification page, however, the applicants certify that either 1) a determination from DNR will be provided to HFSRB staff prior to Board review of this CON application, or 2) if a CON Permit is granted by the HFSRB, the project will not be obligated until a determination is made by DNR.

ATTACHMENT 6

PROJECT COSTS and
SOURCES OF FUNDS

PROJECT COSTS

Preplanning Costs			
Market Analyses/Feasibility Assessment	$80,000		
Misc./Other	$35,000		
			$115,000
Site Preparation			
Exterior Signage	$ 20,000		
Apportionment of Parking	$ 125,000		
Apportionment of Walkways & Drives	$ 80,000		
Misc./Other	$ 30,000		
		$	255,000
New Construction			
build-out per ATTACHMENT 39C	$5,077,500		
(includes portion of core & shell)			$5,077,500
Contingencies			
per ATTACHMENT 39C	$252,500		
			$252,500
Architectural and Engineering Fees			
Design	$344,500		
Document Preparation	$10,000		
Interface with Agencies	$5,000		
Project Monitoring	$25,000		
Misc./Other	$25,000		
			$409,500
Consulting and Other Fees			
CON-related	$50,000		
Legal & Accounting	$35,000		
Historic Preservation Related	$40,000		
Insurance, Fees and Permits	$15,000		
Commissioning	$50,000		
Misc./Other	$25,000		
			$215,000
Movable Equipment			
Surgery and Recovery	$1,005,000		
Admin. And Public Areas	$125,000		
Furnishings	$280,000		
Misc.	$100,000		
			$1,510,000
Net Interest Expense During Const.		$	184,250
Fair Market Value of Leased Space*		$	5,207,000
Total Project Cost			$13,225,750

*The FMV of the leased space, for purposes of this CON application is based on the lease payments during the initial term of the lease

PROJECT COSTS and
SOURCES OF FUNDS

SOURCES OF FUNDS

Mortgage/Bank Loan	$6,707,000	
Cash	$1,311,750	
FMV of Leased Space	$ 5,207,000	
Total Sources of Funds		$13,225,750

ATTACHMENT 7

Cost Space Requirements

				Amount of Proposed Total Square Feet			
		Gross Square Feet			That is:		
Dept./Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Reviewable							
ASTC-Surgery	$ 11,485,069		8,200	8,200			
ASTC-Recovery	$ 1,276,119		4,050	4,050			
Total	$ 12,761,188		12,250	12,250			
Non-Reviewable							
Public and Admin Areas	$ 464,563		375	375			
Total	$ 13,225,750		12,625	12,625			

ATTACHMENT 9

OAK ORTHOPEDICS
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Bradley
400 S. Kennedy Drive, Suite 100
Bradley, IL 60915
Phone: (815) 928-8050
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Watseka, IL 60970
Phone: (815) 928-8050
Fax: (815) 928-8932

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

The first applicant entity for the proposed project to establish an ambulatory surgery treatment center in Bourbonnais, Illinois is OAK ASC, LLC, a newly-formed entity. The second applicant entity, OAK Real Estate Ventures, LLC, does not own or operate any healthcare facility. I hereby certify that no adverse action has been taken against it, directly or indirectly; and authorize HFSRB and IDPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

Paige E. Cripe

Paige E. Cripe
Chief Executive Officer

Notarized:

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

ATTACHMENT

BACKGROUND OF APPLICANT

The following individuals each hold a 14.2857% interest in Valley Investments, LLC, which, in turn, holds a 55% ownership interest OAK Surgical Institute, LLC, an IDPH-licensed ASTC:

Tomasz Antkowiak, MD
Wesley E. Choy, MD
Michael J. Corcoran, MD
Eddie Jones, Jr., MD
Alexander E. Michalow, MD
Kermit Muhammad, MD
Rajeev D. Puri, MD

ATTACHMENT 11

PURPOSE

The purpose of the project is to improve the health care and well-being of the market area population historically served by the physicians of OAK Orthopedics.

Specifically, the thirteen physician members of Oak Orthopedics currently refer approximately 3,800 patients to OAK Surgical Institute ("OSI"), annually, approximately 1,250 of which are orthopedic surgery patients. Members of OAK Orthopedics, through an entity affiliated with the applicants for this Certificate of Need application, hold a 55% ownership interest in OSI. The members of Oak Orthopedics will, within thirty days of the opening of the proposed ASTC, cease referring patients to OSI and recommend the discontinuation of that facility. It is intended that the proposed project will replace OSI with a larger ambulatory surgical treatment center ("ASTC"), sufficiently sized to address the demand documented in ATTACHMENT 24c3.

The market area, consistent with Section 1110.510.d), consists of those portions of Kankakee, Will and Iroquois Counties located within seventeen miles of the proposed ASTC's Bourbonnais site. As documented in ATTACHMENT 24c2, the vast majority of patients to be brought to the proposed replacement ASTC reside within that area.

This project, as being proposed, addresses two problems. First, since the establishment of OAK Surgical Institute ("OSI"), demand for services has increased to a point where demand exceeds reasonable capacity at that facility, which has only two operating rooms. Second, due primarily to the expanded scope of orthopedic procedures now appropriate for the ASTC setting,

and the space requirements of those procedures, larger operating rooms than those of OSI (constructed in 2004) are needed. The project, as being proposed in this Certificate of Need application, will address both of those problems in a positive fashion, by providing three operating rooms of an appropriate size.

ALTERNATIVES

The proposed project addresses the establishment of an ambulatory surgical treatment center ("ASTC")with three operating rooms and the required support space. The ASTC is intended to replace OAK Surgical Institute, which will be discontinued through the Certificate of Exemption ("COE") process, effective within thirty days of the initiating of services at the proposed ASTC.

Three alternatives were given consideration:

Alternative 1, Continue to Operate OAK Surgical Institute

OAK Surgical Institute is an ASTC providing orthopedic and podiatric surgery, as well as pain management services. It, along with the primary offices of OAK Orthopedics, is located in leased space in a building owned by a hospital; and the hospital owns a minority interest in the ASTC. The applicants have determined that additional surgical capacity (an additional OR) is needed to address demand, and that the existing ORs are insufficiently-sized to meet the requirements of the procedures to be performed in the near future. Had this alternative been selected, accessibility for OAK Orthopedics' patient population would be very similar to that of the proposed project, and the quality of care provided would be identical to that of the proposed project. The capital costs associated with the proposed project would be eliminated, but the lease costs associated with this alternative would be substantially higher than those associated with the proposed project. Other operating costs, primarily staffing costs, would be very similar.

Alternative 2, Establish an ASTC as a Joint Venture with Presence St. Mary's Hospital

Discussions were held with representatives of the hospital and the hospital's parent (AMITA Health), concerning a potential joint venture; and the applicants welcomed the opportunity to do so. However, a decision was made by AMITA Health not to invest in a joint venture at this time.

Alternative 3, Establish an ASTC with Additional Surgical Specialties

OAK Surgical Institute, as well as the ASTC proposed through this Certificate of Need application, are intended to serve the patients of OAK Orthopedics. The alternative of adding surgical specialties was dismissed for three reasons: First, the addition of specialties would add significant capital cost to the project for the construction of a minimum of one more operating room and the required pre- and post-op spaces, as well as the cost of acquiring the equipment needed by other specialties. Second, a multi-specialty ASTC, having excess capacity, already is located in Bourbonnais, and the result of this alternative would be an unnecessary duplication. Third, and for efficiency purposes, the proposed ASTC will be located in a building, the balance of which will be occupied by OAK Orthopedics. As such, the proposed location will not be attractive to non-members of OAK Orthopedics. The capital costs and operating costs associated with this alternative were not identified, however, and depending on the number of ORs to be added and the specialties to be provided, those costs would exceed the costs associated with the proposed project. Patient accessibility and quality of care would be identical to that of the proposed project.

SIZE

The square footage identified in this CON application for the proposed project, which includes three operating rooms, three Stage 1 recovery stations and nine Stage 2 recovery stations, is necessary, not excessive, and consistent with the standards identified in Appendix B to Section 1110, as documented in the table below.

DEPARTMENT/SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ORs (3)	8,200	8,250	-50	YES
Stage 1 Recovery (3)	540	540	0	YES
Stage 2 Recovery (9)	3,510	3,600	-90	YES

ATTACHMENT 14

UTILIZATION

The applicants fully anticipate that the ASTC's target utilization level of 1,501+ hours of operating room and procedure room utilization will be reached during the second year of operation, and that the 125 hours per month level needed to reach the target will be met within the first six months following opening.

A letter from OAK Orthopedics is included in ATTACHMENT 24c3, documenting historical and projected referrals. ATTACHMENT 24c5 discusses the manner in which projected referrals are converted into the projected hours displayed in the table below.

	Historical Utilization (PATIENTS)	PROJECTED UTILIZATION YEAR 1	PROJECTED UTILIZATION YEAR 2	STATE STANDARD	MET STANDARD?
Operating Rms (3)	N/A	4,500	5,433	3,001+	YES

OAK ORTHOPEDICS
SPECIALIZING IN WHAT MOVES YOU

Bradley
400 S. Kennedy Drive, Suite 100
Bradley, IL 60915
Phone: (815) 928-8050
Fax: (815) 928-8932

Frankfort
Highland Office Center, Building D
19552 S. Harlem Avenue
Frankfort, IL 60423
Phone: (815) 469-3452
Fax: (815) 469-4169

Watseka
200 Fairman Avenue
Watseka, IL 60970
Phone: (815) 928-8050
Fax: (815) 928-8932

ASSURANCES

Illinois Health Facilities and
Services Review Board
Springfield, IL 62761

To Whom It May Concern:

By virtue of my signature below, I hereby attest to the applicant's full anticipation that, by the end of the second year following the proposed ambulatory surgical treatment center's opening, the proposed facility will operate at, or in excess of the utilization standards identified in Appendix B to Section 1110.

Sincerely,

Paige E Cripe

Paige E. Cripe, CEO

Date: January 8, 2019

ATTACHMENT 18

GEOGRAPHIC SERVICE AREA NEED

The proposed ambulatory surgical treatment center ("ASTC") is necessary to meet the needs of the residents of the planning area.

As discussed elsewhere in this Certificate of Need application, the members of Oak Orthopedics will, within thirty days of the opening of the proposed ASTC, intend to cease referring patients to Oak Surgical Institute ("OSI"), and "move" their caseload to the proposed ASTC, which will have sufficient capacity to meet Oak Orthopedics' needs and the demands of the group's patients, while at the same side offering operating rooms that are larger than those available at OSI.

In addition, while both of the area hospitals have excess surgical capacity, a clear industry-wide trend has developed for the movement of outpatient orthopedic and podiatric surgery services to the less-costly ASTC setting when medically feasible. There is no reason to believe that the trend to the ASTC setting will not continue, and in all likelihood will expand to additional procedures heretofore limited to the hospital setting.

The primary purpose of the proposed project is to provide outpatient services in an ASTC setting to residents of the planning area, with the planning area being defined as the ZIP Code areas located within 17 miles of the proposed site, consistent with Section 1110.510.d). The table on the following page identifies those ZIP Code areas.

ZIP Code Areas Located Within 17 Miles of Bourbonnais, Illinois

60914	Bourbonnais
60915	Bradley
60950	Manteno
60901	Kankakee
60910	Aroma Park
60468	Peotone
60954	Momence
60913	Bonfield
60940	Grant Park
60922	Chebanese
60964	Saint Anne
60481	Wilmington
60442	Manahttan
60944	Hopkins Park
60941	Herscher
60969	Union Hill
60449	Monee
60401	Beecher
60935	Essex
60956	Papineau

OAK Orthopedics has historically provided the majority of its services to residents of Kankakee County, and particularly the Kankakee/Bradley/Bourbonnais/Manteno area, and that is anticipated to remain the case. A letter from OAK Orthopedics, identifying historical referrals as well as the number of patients anticipated to be referred to the proposed ASTC is provided in ATTACHMENT 25c3. That letter includes a ZIP Code-specific patient origin analysis of the group's surgical caseload; and the patient origin to be realized by the proposed ASTC is anticipated to be virtually identical to that identified in the letter. Twenty ZIP Code areas/communities were identified as accounting for a minimum of 1.0% of the group's surgical caseload, with those twenty ZIP Code areas/communities cumulatively accounting for 76.7% of the group's surgical caseload. Fourteen of those ZIP Code areas/communities are in the list above, and account for 65.2% of the group's surgical caseload.

SERVICE DEMAND

The proposed project is necessary to accommodate the service demand experienced by the applicants during the past two years, as well as the projected demand for the services to be provided at the proposed ambulatory surgical treatment center ("ASTC").

As confirmation of both historical and projected demand, a letter is attached from OAK Orthopedics ("OAK"), documenting historical referrals, as well as projected referrals to the proposed ASTC, consistent with the requirements of Section 1110.235(c)(30). OAK is a 13-physician group practice, providing orthopedic surgery, podiatric surgery and pain management services. The group, which was established in 1945, has a long history of providing care in the greater Kankakee County area, and currently has offices in Bradley, New Lenox, Frankfort, and Watseka. Members of OAK Orthopedics, through an entity affiliated with the applicants for this Certificate of Need application, hold a 55% ownership interest in Oak Surgical Institute ("OSI"). The members of Oak Orthopedics will, within thirty days of the opening of the proposed ASTC, cease referring patients to OSI and recommend the discontinuation of that facility. It is anticipated by OAK that the entire caseload currently being referred to OSI, as well as a portion of the outpatient caseloads being referred by OAK physicians to Presence St. Mary's Hospital and Riverside Medical Center, both of which are located in Kankakee, will be referred to the proposed ASTC.

In summary, it is anticipated that, by the second year of operation, OAK physicians will refer approximately 1,300 orthopedic surgery patient, 150 podiatric surgery patients, and 3,000 pain management patients to the proposed ASTC. The projected volume of orthopedic and podiatric surgical procedures to be referred to the proposed ASTC are very similar to the number

of cases performed at OSI for the year ending September 30, 2018 (1,246 orthopedic and 110 podiatric), and as such, it is anticipated that the proposed project will have minimal impact on other facilities.

Consistent with Section 1100.510.d), the geographic service area ("GSA") for the proposed ASTC is that area located within seventeen miles of the proposed site. Included in that area are the communities of Kankakee, Bradley, Manteno, and Bourbonnais, which jointly accounted for 45.2% of OAK's 2018 surgical outpatients. As discussed in ATTACHMENT 24c2, in excess of 65% of OAK's surgical caseload comes from the communities located in the GSA; and as a result, it is clear that a majority of the patients to be referred to the proposed ASTC will be residents of the GSA.

PATIENT ORIGIN
YE SEPTEMBER 30, 2018

ZIP Code	Community	% of Pts.
60914	Bourbonnais	16.4%
60901	Kankakee	16.1%
60950	Manteno	7.2%
60915	Bradley	5.5%
60964	Saint Anne	3.6%
60423	Frankfort	3.2%
60481	Wilmington	3.2%
60954	Momence	3.0%
60970	Watseka	3.0%
60468	Peotone	2.1%
60940	Grant Park	1.8%
60451	New lenox	1.6%
60927	Clifton	1.5%
60401	Beecher	1.5%
60922	Chebanse	1.5%
60448	Mokena	1.2%
60913	Bonfield	1.2%
60449	Monee	1.1%
60408	Braidwood	1.1%
60941	Herscher	1.0%
	other, <1.0%	23.3%
		100.0%

ATTACHMENT 24c3

OAK ORTHOPEDICS
SPECIALIZING IN WHAT MOVES YOU

Bradley
400 S. Kennedy Drive, Suite 100
Bradley, IL 60915
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Highland Office Center, Building D
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Fax: (815) 928-8932

Illinois Health Facilities and
Services Review Board
Springfield, IL 62761

To Whom It May Concern:

This letter is being sent on behalf of the twelve physicians of OAK Orthopedics in support of the Ambulatory Surgical Treatment Center ("ASTC") proposed for establishment in Bourbonnais, Illinois; and in response to Review Criterion 1110.1540.(c).

During the twelve-month period ending September 30, 2017, the members of OAK orthopedics performed 6,062 outpatient surgical procedures, and during the twelve-month period ending September 30, 2018 the members of OAK Orthopedics performed 6,681 outpatient surgical procedures, at sites displayed below.

	YE 9/30/17	YE 9/30/18
Oak Surgical Institute		
Orthopedic Surgery	1064	1246
Podiatric Surgery	69	110
Pain	2245	2445
Presence St. Mary's Hospital		
Orthopedic Surgery	162	328
Podiatric Surgery	25	37
Pain	372	386
Riverside Medical Center		
Orthopedic Surgery	556	491
Podiatric Surgery	44	50
Pain	1525	1588
	6,062	**6,681**

I estimate that during the second year of the proposed ASTC's operation, the members of OAK Orthopedics will perform 1,300 orthopedic surgery procedures, 150 podiatric surgery procedures, and 3,000 pain procedures in that ASTC.

OAK ORTHOPEDICS
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Watseka, IL 60970
Phone: (815) 928-8050
Fax: (815) 928-8932

Attached is an origin analysis of OAK Orthopedics' surgical outpatients, for the year ending September 30, 2018.

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

Sincerely,

Paige E Cripe

Paige E. Cripe
Chief Executive Officer

Notarized: Sheila Smith

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

TREATMENT ROOM NEED ASSESSMENT

The proposed ambulatory surgical treatment center ("ASTC") will include three Class C operating rooms. The proposed three operating rooms are not excessive and are necessary to accommodate the projected caseload.

The 2017 hours per case at OAK Orthopedic Institute for orthopedic surgery (2.50 hrs/case), podiatric surgery (2.35 hrs/case), and pain management (0.61hr/case) were used to proximate the hours of usage for the operating rooms, as displayed in the table below:

	Cases	Hrs/Case	Total Hours
Class C Operating Room			
Orthopedic Surgery	1,300	2.50	3,250
Podiatric Surgery	150	2.35	353
Pain Management	3,000	0.61	1,830
	4,450		5,433

Per the utilization standard of 1,500 hours per room, the three operating rooms included in the project are needed.

ATTACHMENT 24c5

SERVICE ACCESSIBILITY

The proposed ambulatory surgical treatment center ("ASTC") is necessary to provide access for area residents to orthopedic surgery services provided in an ASTC setting. OAK Orthopedics is 13-physician group practice that performs approximately 3,800 procedures at OAK Surgical Institute, annually; and a discussed in other parts of this Certificate of Need application, OAK Surgical Institute does not have sufficient capacity to meet the needs of OAK Orthopedic's patients, nor does it have operating rooms sufficient sized to efficiently meet the needs of orthopedic surgery.

During 2017, and based on IDPH data, 52.9% of the outpatient orthopedic surgery cases performed state-wide in either a hospital or ASTC were performed in an ASTC; and within the GSA 61.5% of the cases were performed at OAK Surgical Institute.

Due to a variety of factors, including increased clinical capabilities in the ASTC setting, and the lower charge structure associated with ASTCs compared to hospitals, outpatient cases are gravitating toward the ASTC setting, and without the proposed project, GSA residents in need of orthopedic surgery will not have access to this desirable setting.

UNNECESSARY DUPLICATION/MALDISTRIBUTION

The proposed project will not result in an unnecessary duplication. As discussed in other attachments to this CON application, members of OAK Orthopedics hold a 55% ownership interest in OAK Surgical Institute ("OSI"), and will recommend the discontinuation of that facility within thirty days of the opening of the ASTC proposed through is CON application. The proposed ASTC and OSI have virtually-identical geographic service areas ("GSAs"). The net addition to the GSA will be one operating room, with the additional OR being needed to address the demand documented in ATTACHMENT 24c3.

The GSA's population, per GeoLytics is 156,115, resulting in a population-to-ASTC OR ratio in of 39,029 residents per OR, approximately 14% higher that the State as a whole (34,280 per OR), based on 2017 IDPH data.

Currently within the GSA (those ZIP Code areas located within 17 miles of the proposed site), there are two hospitals and two ASTCs, with a combined total of 26 operating rooms, distributed in the following fashion:

Oak Surgical Institute, Bradley	2
Riverside Amb. Surgery Center, Bourbonnais	2
Presence St. Mary's Hospital, Kankakee	9
Riverside Medical Center, Kankakee	13
	26

STAFFING

The staffing of the proposed ASTC will be addressed by the applicants approximately six months prior to the ASTC's opening.

The applicants do not envision any unusual difficulties in staffing the proposed ASTC with qualified nurses, technicians, and other support personnel; and will do so consistent with all applicable licensure and accreditation standards. The applicants do not envision difficulties in staffing the ASTC for two reasons. First, the applicants, through an affiliated entity, currently operate OAK Surgical Institute, a similarly-sized ASTC. Upon the opening of the proposed ASTC, the patient load of OAK Surgical Institute will transition to the proposed ASTC over a short "ramp-up" period, and it is anticipated that the vast majority of OAK Surgical Institute's staff will transition to the proposed ASTC, also. Second, OAK Surgical Institute has never experienced unusual difficulties in attracting qualified staff, and the applicants are confident that the same will occur with the proposed ASTC. Should, however, additional or replacement staff need to be recruited, word of mouth and advertisements in local newspapers will be the primary tools used.

The Medical Director of the proposed ASTC will be Kermit S. Muhammad, MD, and a copy of his CV is attached.

ATTACHMENT 24c8

Kermit S. Muhammad, M.D.
Orthopedic Surgery
400 S. Kennedy Dr. Suite 100
Bradley, IL 60915
www.oakortho.com
815-928-8050

EDUCATION

May 1999	Wake Forest University School of Medicine, Winston – Salem, NC Doctor of Medicine
May 1995	Morehouse College, Atlanta, GA Bachelor of Science (Psychology)

POST GRADUATE TRAINING

2004 - 2005	University of Pittsburgh School of Medicine, Pittsburgh, PA Hand and Microsurgery Fellowship
1999 - 2004	Howard University Hospital, Washington, DC Orthopaedic Surgery Resident

LICENSES

Illinois
 # 036-113226

Washington, DC
 # 33775

CERTIFICATIONS

2008	CAQ – Hand Surgery
July 2007	American Board of Orthopaedic Surgery
July 2002	USMLE Step III
August 1998	USMLE Step II
July 1997	USMLE Step I

POST DOCTORIAL WORK

2005 – Present	Orthopedic Associates of Kankakee, Bradley, IL Orthopedic Surgeon

PROFESSIONAL APPOINTMENTS

Riverside Medical Center
Consulting Orthopedic Surgeon

Provena St. Mary's Hospital
Consulting Orthopedic Surgeon

Orthopedic Associates of Kankakee
Consulting Orthopedic Surgeon

MEDICAL AND SCIENTIFIC SOCIETIES

American Academy of Orthopaedic Surgeons (AAOS)

American Society for Surgery of the Hand (ASSH)

Chicago Society for Surgery of the Hand

Illinois State Medical Society

Kankakee Medical Society

HONORS AND AWARDS

2006	Riverside Medical Center Physician Service Excellence Award
2004	Chief Resident Research Aware
2001	VA Medical Center Certificate of Medical Achievement

PUBLICATIONS AND PRESENTATIONS

November 2010	Introducing Hand Surgery In North Africa 11th Triennial Congress of the International Federation of Societies for Surgery of the Hand Seoul, South Korea
October 2009	Osteochondral Grafting and Proximal Row Carpectomy 16th Libyan Surgical Congress Zliten Teaching Hospital, Libya
August 2006	Athritic Conditions of the Hand and Upper Extremity. Arthritis Foundation Provena St. Mary's Hospital

May 2006	Open Rupture of the lateral ligaments of the ankle without Dislocation; A Case Report T.L. Thompson, M.D.; K. Muhammad, M.D. American Journal of Orthopaedics. 35 (5) 240-1
February 2004	Traumatic Complex Proximal Carpal Row Dislocation; A case Report. K. Muhammad, M.D.; R. Wilson, M.D. Howard University Hospital, Department of Orthopaedic Surgery Oral Presentation at American College of Surgeons meeting Washinton, D.C.
July 2003	Extension Deformity In Type II Supracondylar humerus fractures in Children. K. Muhammad, M.D.; N. Patel, M.D.; C. Terranova, PhD; R. Wilson, M.D. Howard University Hospital Oral Presentation at joint SOA/EOA Meeting Dublin, Ireland
Summer 1999	Congenital Knee Dislocation: An Overview of Management Options K. Muhammad, B.S.; L.A. Koman, M.D. Journal of the Southern Orthopaedic Association
August 1998	Congenital Dislocation of the Knee: Arthroscopic Release of Intra-articular Adhesion Combined with Precutaneous Quadricepsplasty. L.A. Koman, M.D.; G. Poehling, M.D.; K. Muhammad, B.S. Wake Forest University School of Medicine, Department of Orthopaedic Surgery. Poster/Oral Presentation, National Medical Association Annual Convention, New Orleans, LA

RESEARCH

Osteochondral Grafting and Proximal Row Carpectomy
J. Imbriglia, M.D.; K. Muhammad, M.D.; P. Tang, M.D.
University of Pittsburgh

Radiographic and Anatomic Analysis of Malunited Type II Supercondylar Humerus Fractures
R. Wilson, M.D.; K. Muhammad, M.D.; Neema Patel
Howard University Hospital, Department of Orthpaedic Surgery

Measurement of Articular Cartilage Defects by Computerized Image Analysis
G. Poehling, M.D.; S. Thomas, PhD; T.L. Smith, PhD; S Gordon; K. Muhammad B.S.
Wake Forest University School of Medicine. Department of Orthopaedic Surgery
Winter 1998

Anterior Cruciate Ligament Repair: A Medical Outcome Study
G. Poehling, M.D.; W. Curl, M.D.; D. Martin, M.D.; D. Bradham; K. Muhammad B.S.
Wake Forest University School of Medicine, Department of Orthopaedic Surgery
Winter 1998

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Illinois Health Facilities and
Services Review Board
Springfield, IL 62761

To Whom It May Concern:

RE: Review Criteria 1110.25c9 and 1110.25c10

With this letter, I hereby attest that the charge structure provided in this Certificate of Need application will not increase for, at minimum, two years following the opening of the proposed ambulatory surgical treatment center ("ASTC").

Further, I herein attest that a peer review program will be implemented at the proposed ASTC that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

Last, the applicants anticipate that in the second year of operation, the annual utilization of the operating rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. This anticipation is based on the applicant's knowledge of the practices of the physicians anticipated to refer patients to the proposed ASTC.

Sincerely,

Paige E. Cripe
CEO

ATTACHMENT 24c9 & 24c10

OAK ASC LLC

Chargemaster

Key	Description	Specialty	Payer Fee
10060	INCISION AND DRAINAGE OF ABSCESS		2,319.00
10061	INCISION AND DRAINAGE OF ABSCESS COMPLICATED OR MULTIPLE		2,319.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	Orthope	822.00
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	Orthope	843.00
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION		563.00
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST		281.00
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION		5,175.00
11010	DEBRIDEMENT ; SKIN AND SUBCUTANEOUS TISSUES		3,372.00
11011	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE		4,215.00
11012	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE	Orthope	4,893.00
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS		349.00
11041	DEBRIDEMENT; SKIN, FULL THICKNESS		984.00
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE		2,089.00
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	Orthope	3,262.00
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE	Orthope	4,078.00
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE		267.00
11200	REMOVAL OF SKIN TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	Orthope	2,062.00
11400	EXCISION, BENIGN LESION ; EXCISED DIAMETER OVER 4.0 CM		320.00
11402	EXCISION, BENIGN LESION; EXCISED DIAMETER 1.1 TO 2.0 CM		396.00
11403	EXCISION, BENIGN LESION ; EXCISED DIAMETER 2.1 TO 3.0 CM		425.00
11404	EXCISION, BENIGN LESION ; EXCISED DIAMETER 3.1 TO 4.0 CM		6,444.00
11406	EXCISION, BENIGN LESION; EXCISED DIAMETER OVER 4.0 CM		9,665.00
11420	EXCISION, BENIGN LESION; EXCISED DIAMETER 0.5 CM OR LESS		310.00
11421	EXCISION, BENIGN LESION; EXCISED DIAMETER 0.6 TO 1.0 CM		368.00
11422	EXCISION, BENIGN LESION; EXCISED DIAMETER 1.1 TO 2.0 CM	Podiatr	404.00
11423	EXCISION, BENIGN LESION; EXCISED DIAMETER 2.1 TO 3.0 CM		434.00
11424	EXCISION, BENIGN LESION; EXCISED DIAMETER 3.1 TO 4.0 CM		6,444.00
11426	EXCISION, BENIGN LESION ; EXCISED DIAMETER OVER 4.0 CM		9,665.00
11444	EXCISION, OTHER BENIGN LESION ; EXCISED DIAMETER 3.1 TO 4.0 CM		6,444.00
11446	EXCISION, OTHER BENIGN LESION ; EXCISED DIAMETER OVER 4.0 CM		9,665.00
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY;		9,665.00
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR		16,108.00
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE; WITH SIMPLE OR INTERMEDIATE REPAIR		9,665.00
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR		16,108.00
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE; WITH SIMPLE OR INTERMEDIATE REPAIR		9,665.00
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUEL; WITH COMPLEX REPAIR		16,108.00
11604	EXCISION, MALIGNANT LESION; EXCISED DIAMETER 3.1 TO 4.0 CM		9,665.00
11606	EXCISION, MALIGNANT LESION; EXCISED DIAMETER OVER 4.0 CM		12,886.00
11624	EXCISION, MALIGNANT LESION; EXCISED DIAMETER 3.1 TO 4.0 CM		9,665.00
11626	EXCISION, MALIGNANT LESION; EXCISED DIAMETER OVER 4.0 CM		12,886.00
11644	EXCISION, MALIGNANT LESION EXCISED DIAMETER 3.1 TO 4.0 CM		9,665.00
11646	EXCISION, MALIGNANT LESION; EXCISED DIAMETER OVER 4.0 CM		12,886.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5		324.00
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	Orthope	587.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA		1,612.00
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, FOR PERMANENT REMOVAL;	Orthope	6,444.00
11760	REPAIR OF NAIL BED	Orthope	1,644.00
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	Orthope	2,149.00
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE		6,444.00
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE		12,886.00
11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED		16,108.00
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS		620.00

ATTACHMENT 24c9

62

12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNA; 2.5 CM OR LESS		455.00
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, ; 2.6 CM TO 7.5 CM		1,218.00
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,; 12.6 CM TO 20.0 CM		1,514.00
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE; 20.1 CM TO 30.0 CM		2,272.00
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,; OVER 30.0 CM		3,635.00
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS; 12.6 CM TO 20.0		1,817.00
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS; 20.1 CM TO 30.0 CM		2,272.00
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS; OVER 30.0 CM		3,635.00
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE		776.00
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING		814.00
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES; 2.5 CM OR LESS		474.00
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES; 2.6 CM TO 7.5 CM	Orthope	644.00
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES; 7.6 CM TO 12.5 CM		1,817.00
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES; 12.6 CM TO 20.0 CM		2,726.00
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES; 20.1 CM TO 30.0 CM		3,635.00
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES; OVER 30.0 CM		4,543.00
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET; 2.5 CM OR LESS		592.00
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET 2.6 CM TO 7.5 CM		940.00
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET ; 7.6 CM TO 12.5 CM		1,817.00
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET ; 12.6 CM TO 20.0 CM		2,726.00
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET ; 20.1 CM TO 30.0 CM		3,635.00
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET ; OVER 30.0 CM		4,543.00
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS ; 7.6 CM TO 12.5 CM		2,726.00
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS ; 12.6 CM TO 20.0 CM		3,635.00
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS ; 20.1 CM TO 30.0 CM		4,543.00
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS; OVER 30.0 CM		5,451.00
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM		909.00
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM		1,961.00
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS		790.00
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM		1,817.00
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM		2,304.00
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,HANDS AND/OR FEET; 1.1 CM TO		2,726.00
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE HANDS AND/OR FEET; 2.6 CM TO		3,635.00
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS		1,817.00
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM		2,726.00
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM		3,635.00
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	Orthope	7,269.00
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS		3,635.00
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM		5,451.00
15350	APPLICATION OF ALLOGRAFT, SKIN; 100 SQ CM OR LESS		3,635.00
15351	APPLICATION OF ALLOGRAFT, SKIN; EACH ADDITIONAL 100 SQ CM		1,817.00
15400	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS;		5,488.00
15401	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS;		1,817.00
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK		6,360.00
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEG		6,360.00
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER;		7,269.00
15576	FORMATION OF DIRECT OR TUBED PEDICLE,		7,269.00
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK		7,269.00
15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS		7,269.00
15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET);		7,269.00
15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET);		7,269.00
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE),		7,269.00
15732	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK		9,086.00
15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK		9,086.00
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	Orthope	9,086.00
15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY		9,086.00
15740	FLAP; ISLAND PEDICLE		6,360.00

15750	FLAP; NEUROVASCULAR PEDICLE		6,360.00
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE		4,612.00
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE		9,224.00
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;		4,612.00
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY		6,919.00
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		9,224.00
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY		11,530.00
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE		9,224.00
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE		11,530.00
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE		4,612.00
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)		9,224.00
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		4,612.00
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY		9,224.00
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY,		9,224.00
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;		4,612.00
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY		9,224.00
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;		4,612.00
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY		9,224.00
15956	EXCISION, TROCHANTERIC PRESSURE ULCER,		9,224.00
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH OSTECTOMY		11,530.00
16015	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM		4,612.00
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE		2,307.00
17110	DESTRUCTION OF BENIGN LESIONS OTHER THAN SKIN TAGS	Podiatr	984.00
17111	DESTRUCTION OF BENIGN LESIONS OTHER THAN SKIN TAGS; 15 OR MORE LESIONS	Podiatr	2,089.00
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS);	Orthope	5,067.00
20200	BIOPSY, MUSCLE; SUPERFICIAL	Orthope	930.00
20205	BIOPSY, MUSCLE; DEEP	Orthope	4,054.00
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	Orthope	697.00
20220	BIOPSY, BONE, TROCAR, OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	Orthope	2,196.00
20225	BIOPSY, BONE, TROCAR, OR NEEDLE; DEEP (EG, VERTEBRAL BODY, FEMUR)	Orthope	4,391.00
20240	BIOPSY, BONE, OPEN; SUPERFICIAL	Orthope	7,530.00
20245	BIOPSY, BONE, OPEN; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	Orthope	6,080.00
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC		6,080.00
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL		6,080.00
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	Orthope	1,642.00
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	Orthope	7,697.00
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	Orthope	799.00
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR FASCIA)	Orthope	1,132.00
20551	INJECTION(S); SINGLE TENDON ORIGIN/INSERTION	Orthope	798.00
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)	Pain Ma	844.00
20553	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE(S)	Pain Ma	1,033.00
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS, TOES)	Orthope	837.00
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA		890.00
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA	Pain Ma	1,265.00
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa	Pain Ma	1,603.00
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION		176.00
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL		950.00
20670	REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	Orthope	4,118.00
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	Orthope	10,994.00
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION	Orthope	10,994.00
20692	APPLICATION OF A MULTIPLANE, UNILATERAL, EXTERNAL FIXATION SYSTEM	Orthope	10,134.00
20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	Orthope	7,853.00
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)		2,195.00
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE		3,209.00
20910	CARTILAGE GRAFT; COSTOCHONDRAL	Orthope	2,365.00
20912	CARTILAGE GRAFT; NASAL SEPTUM		2,787.00
20920	FASCIA LATA GRAFT; BY STRIPPER		1,859.00

20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET		2,534.00
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	Orthope	1,774.00
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)		3,941.00
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE		6,755.00
20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL		-
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT		6,826.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;		3,901.00
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;		4,876.00
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX , THORAX		7,801.00
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS		4,876.00
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR		5,852.00
21600	EXCISION OF RIB, PARTIAL		6,826.00
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)		6,826.00
21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB		6,826.00
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH		447.00
21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION, EACH		3,901.00
21820	CLOSED TREATMENT OF STERNUM FRACTURE		1,951.00
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL		549.00
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP		3,901.00
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK		4,876.00
21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK		6,826.00
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)		813.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WO MANIPULATION,		1,951.00
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S)		3,901.00
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION		894.00
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)		5,852.00
23000	REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN	Orthope	13,756.00
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	Orthope	15,720.00
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	Orthope	11,256.00
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	Orthope	11,791.00
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	Orthope	13,756.00
23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE	Orthope	13,756.00
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT,	Orthope	17,686.00
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL90996	Orthope	983.00
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP90997	Orthope	11,791.00
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	Orthope	10,726.00
23075	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS	Orthope	9,543.00
23076	EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	Orthope	13,756.00
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA	Orthope	15,720.00
23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	Orthope	13,756.00
23101	ARTHROTOMY, ACROMIOCLAVICULAR JT OR STERNOCLAVICULAR JT,	Orthope	19,650.00
23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	Orthope	15,720.00
23106	ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	Orthope	15,720.00
23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JT EXP, WITH OR WO REMOVAL OF LOOSE OR FOR BODY	Orthope	17,686.00
23120	CLAVICULECTOMY; PARTIAL	Orthope	20,986.00
23125	CLAVICULECTOMY; TOTAL	Orthope	23,581.00
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WO CORACOACROMIAL LIG RELEASE	Orthope	22,893.00
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	Orthope	13,756.00
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAV OR SCAP; WITH AUTOGRAFT	Orthope	19,650.00
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAV OR SCAP; WITH ALLOGRAFT	Orthope	15,720.00
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	Orthope	13,756.00
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	Orthope	19,650.00
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH	Orthope	15,720.00
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	Orthope	15,720.00
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	Orthope	15,720.00
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	Orthope	15,720.00
23180	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS), CLAVICLE	Orthope	19,650.00

23182	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS), SCAPULA	Orthope	19,650.00
23184	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS), PROXIMAL HUMERUS	Orthope	19,650.00
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	Orthope	19,650.00
23195	RESECTION, HUMERAL HEAD	Orthope	19,650.00
23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	Orthope	7,861.00
23331	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (EG, NEER HEMIARTHROPLASTY REMOVAL)	Orthope	13,756.00
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE	Orthope	17,686.00
23400	SCAPULOPEXY (EG, SPRENGELS DEFORMITY OR FOR PARALYSIS)	Orthope	17,686.00
23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	Orthope	17,686.00
23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	Orthope	19,650.00
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	Orthope	17,171.00
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	Orthope	19,078.00
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	Orthope	17,686.00
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC	Orthope	28,374.00
23430	TENODESIS OF LONG TENDON OF BICEPS	Orthope	17,171.00
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS	Orthope	19,650.00
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	Orthope	19,650.00
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	Orthope	23,645.00
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK	Orthope	17,686.00
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	Orthope	19,650.00
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	Orthope	17,686.00
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	Orthope	19,650.00
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	Orthope	15,720.00
23485	OSTEOTOMY, CLAVICLE, WITH OR WO INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MAL	Orthope	19,650.00
23490	PROPHYLACTIC TREATMENT WITH OR WO METHYLMETHACRYLATE; CLAVICLE	Orthope	5,896.00
23491	PROPHYLACTIC TREATMENT WITH OR WO METHYLMETHACRYLATE; PROXIMAL HUMERUS	Orthope	11,791.00
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	Orthope	3,930.00
23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	Orthope	7,861.00
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Orthope	17,171.00
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	Orthope	3,930.00
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	Orthope	7,861.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	Orthope	17,686.00
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT	Orthope	19,650.00
23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	Orthope	3,930.00
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	Orthope	7,861.00
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	Orthope	17,171.00
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT	Orthope	23,645.00
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	Orthope	3,930.00
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WO SKELETAL	Orthope	7,861.00
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WO INT FIX	Orthope	17,686.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL FRACTURE; WO MANIPULATION	Orthope	3,930.00
23605	CLOSED TREATMENT OF PROX HUMERAL FRACTURE; WITH MANIPULATION, WITH OR WO SKELETAL	Orthope	7,861.00
23615	OPEN TREATMENT OF PROXIMAL HUMERAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	Orthope	17,686.00
23616	OPEN TREATMENT OF PROXIMAL HUMERAL FRACT WITH PROXIMAL HUMERAL PROSTHETIC	Orthope	19,650.00
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	Orthope	19,650.00
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION	Orthope	7,861.00
23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATION	Orthope	15,720.00
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA91085	Orthope	3,930.00
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA91086	Orthope	7,861.00
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION91087	Orthope	15,720.00
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, W FRACTURE OF GR HUMERAL TUBEROSITY, W	Orthope	7,861.00
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY	Orthope	15,720.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR NECK FRACTURE, WITH MANIP	Orthope	7,861.00
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE	Orthope	15,720.00
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APP	Orthope	7,631.00
23800	ARTHRODESIS, GLENOHUMERAL JOINT;	Orthope	19,650.00
23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	Orthope	23,581.00

23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	Orthope	15,720.00
23929	UNLISTED PROCEDURE, SHOULDER	Orthope	11,791.00
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	Orthope	8,188.00
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	Orthope	7,861.00
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX, HUMERUS OR ELBOW	Orthope	13,756.00
24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	Orthope	13,756.00
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE	Orthope	13,756.00
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	Orthope	983.00
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Orthope	11,791.00
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER	Orthope	17,221.00
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL ; 5 CM OR GREATER	Orthope	10,355.00
24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	Orthope	9,825.00
24076	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRA)	Orthope	16,551.00
24077	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	Orthope	15,720.00
24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY	Orthope	11,791.00
24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WO BIOPSY, WITH OR WO REM OF BODY	Orthope	15,720.00
24102	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY	Orthope	15,720.00
24105	EXCISION, OLECRANON BURSA	Orthope	13,355.00
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	Orthope	13,756.00
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT	Orthope	19,650.00
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	Orthope	15,720.00
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK	Orthope	13,756.00
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK; WITH AUTOGRAFT	Orthope	19,650.00
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK; WITH ALLOGRAFT	Orthope	15,720.00
24130	EXCISION, RADIAL HEAD	Orthope	17,686.00
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	Orthope	15,720.00
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	Orthope	15,720.00
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	Orthope	15,720.00
24140	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS), HUMERUS	Orthope	19,650.00
24145	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS), RADIAL HEAD OR NECK	Orthope	19,650.00
24147	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS), OLECRANON PROCESS	Orthope	19,650.00
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	Orthope	17,686.00
24160	IMPLANT REMOVAL; ELBOW JOINT	Orthope	11,791.00
24164	IMPLANT REMOVAL; RADIAL HEAD	Orthope	13,756.00
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS		983.00
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP	Orthope	11,791.00
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	Orthope	11,040.00
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE	Orthope	17,686.00
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON	Orthope	15,720.00
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON91147	Orthope	15,720.00
24320	TENOPLASTY, WITH MUSCLE TRANSFER, (SEDDON-BROOKES TYPE PROCEDURE)	Orthope	21,615.00
24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT)	Orthope	15,720.00
24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	Orthope	15,720.00
24332	TENOLYSIS, TRICEPS	Orthope	15,720.00
24340	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)	Orthope	17,171.00
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, PRIMARY OR SECONDARY (EXCL ROTATOR	Orthope	18,760.00
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WO TENDON GRAFT	Orthope	19,078.00
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	Orthope	19,650.00
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT	Orthope	19,078.00
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	Orthope	19,650.00
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT	Orthope	19,078.00
24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS);	Orthope	11,791.00
24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS);	Orthope	16,551.00
24352	FASCIOTOMY, LATERAL OR MEDIAL; WITH ANNULAR LIGAMENT RESECTION	Orthope	13,756.00
24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH STRIPPING	Orthope	13,756.00
24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH PARTIAL	Orthope	15,720.00
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL; PERCUTANEOUS	Orthope	13,355.00

24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	Orthope	13,355.00
24359	TENOTOMY, DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR	Orthope	13,355.00
24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)	Orthope	17,686.00
24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	Orthope	23,581.00
24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	Orthope	23,581.00
24363	ARTHROPLASTY, ELBOW; (EG, TOTAL ELBOW)	Orthope	23,581.00
24365	ARTHROPLASTY, RADIAL HEAD;	Orthope	17,686.00
24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	Orthope	19,650.00
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	Orthope	17,686.00
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT (SOFIELD TYPE PROCEDURE)	Orthope	21,288.00
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING)	Orthope	15,720.00
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	Orthope	17,686.00
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT	Orthope	21,615.00
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	Orthope	3,930.00
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	Orthope	11,791.00
24498	PROPHYLACTIC TREATMENT, WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL SHAFT	Orthope	5,896.00
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	Orthope	5,896.00
24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIP, WITH OR WO SKELETAL TRACTION	Orthope	7,861.00
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT	Orthope	17,686.00
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT,	Orthope	19,650.00
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE WO MANIP	Orthope	5,896.00
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE; WITH MANIP	Orthope	6,878.00
24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE,	Orthope	15,720.00
24545	OPEN TREATMENT OF HUM SUPRACONDYLAR OR TRANSCONDYLAR FRAC; WO INTERCONDYLAR EXT	Orthope	17,686.00
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE,	Orthope	19,650.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WO MANIP	Orthope	5,896.00
24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIP	Orthope	7,861.00
24566	PERCUT SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIP	Orthope	15,720.00
24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL	Orthope	17,171.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WO MANIP	Orthope	5,896.00
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIP	Orthope	7,861.00
24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	Orthope	15,720.00
24582	PERCUT SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIP	Orthope	18,916.00
24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW	Orthope	22,650.00
24587	OPEN TREATMENT OF PERIARTICULAR FX AND/OR DISL OF THE ELBOW; W IMPLANT ARTHROPLASTY	Orthope	23,581.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA91204	Orthope	3,930.00
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA91205	Orthope	7,861.00
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION91206	Orthope	15,720.00
24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW, WITH MANIP	Orthope	7,861.00
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW	Orthope	19,650.00
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	Orthope	2,050.00
24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION91213	Orthope	7,861.00
24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACT, INCLUDES INT FIX OR RADIAL HEAD EXCISION	Orthope	17,171.00
24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH RADIAL HEAD PROSTHETIC REPLACE	Orthope	21,615.00
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END; WO MANIP	Orthope	3,930.00
24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END; W MANIP	Orthope	7,861.00
24685	OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END	Orthope	17,171.00
24800	ARTHRODESIS, ELBOW JOINT; LOCAL	Orthope	19,650.00
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	Orthope	26,581.00
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	Orthope	15,720.00
24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	Orthope	5,381.00
25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)	Orthope	6,816.00
25020	DECOMPRESSION FASC, FOREARM AND/OR WRIST, FLEX OR EXT COMPARTMENT; WO DEBRIDEMENT	Orthope	8,702.00
25023	DECOMPRESSION FASC, FOREARM AND/OR WRIST, FLEX OR EXT COMPARTMENT; W DEBRIDEMENT	Orthope	8,702.00
25024	DECOMPRESSION FASC, FOREARM AND/OR WRIST, FLEX OR EXT COMPARTMENT; WO DEBRIDEMENT	Orthope	8,702.00
25025	DECOMPRESSION FASC, FOREARM AND/OR WRIST, FLEX OR EXT COMPARTMENT; WITH DEBRIDEMENT	Orthope	8,702.00
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	Orthope	6,816.00

25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	Orthope	7,734.00
25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)	Orthope	8,702.00
25040	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JT, WITH EXPL, DRAINAGE, OR REM OF FOR BODY	Orthope	9,668.00
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	Orthope	645.00
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Orthope	5,801.00
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUT; 3 CM OR GREATER	Orthope	6,671.00
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL; 3 CM OR GREATER	Orthope	10,355.00
25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS	Orthope	6,329.00
25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; DEEP	Orthope	9,088.00
25077	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA	Orthope	8,702.00
25085	CAPSULOTOMY, WRIST (EG, CONTRACTURE)	Orthope	8,702.00
25100	ARTHROTOMY, WRIST JOINT; WITH BIOPSY	Orthope	5,801.00
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY,	Orthope	8,702.00
25105	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY	Orthope	9,668.00
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX	Orthope	10,225.00
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	Orthope	7,734.00
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	Orthope	9,088.00
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT91261	Orthope	9,668.00
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS; FLEXORS	Orthope	8,702.00
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS; EXTENSORS,	Orthope	8,702.00
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	Orthope	6,816.00
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMP; WITH RESECTION OF DISTAL ULNA	Orthope	7,734.00
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA	Orthope	8,702.00
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA WITH AUTOGRAFT	Orthope	9,668.00
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA; WITH ALLOGRAFT	Orthope	9,668.00
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	Orthope	7,734.00
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT	Orthope	8,702.00
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; W ALLOGRAFT	Orthope	8,702.00
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	Orthope	7,734.00
25150	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS); ULNA	Orthope	7,734.00
25151	PARTIAL EXCISION OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	Orthope	7,734.00
25210	CARPECTOMY; ONE BONE	Orthope	7,734.00
25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW91277	Orthope	9,668.00
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	Orthope	10,225.00
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)	Orthope	8,702.00
25248	EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	Orthope	7,734.00
25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	Orthope	3,868.00
25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST	Orthope	5,801.00
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE,	Orthope	8,702.00
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	Orthope	5,801.00
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT	Orthope	7,734.00
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE,	Orthope	8,702.00
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE,	Orthope	8,439.00
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT	Orthope	10,225.00
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT	Orthope	10,225.00
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE,	Orthope	8,702.00
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE,	Orthope	7,734.00
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE,	Orthope	7,734.00
25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	Orthope	7,734.00
25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	Orthope	7,734.00
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE;	Orthope	13,774.00
25312	TENDON TRANSPLANT OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM &/OR WRIST, SINGLE; W	Orthope	13,702.00
25315	FLEXOR ORIGIN SLIDE , FOREARM AND/OR WRIST;	Orthope	12,734.00
25316	FLEXOR ORIGIN SLIDE, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	Orthope	13,702.00
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN) FOR CARPAL INSTABILITY	Orthope	16,444.00
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WO EXTERNAL OR INT FIX	Orthope	21,668.00
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	Orthope	8,702.00

25337	RECON FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JT,	Orthope	13,548.00
25350	OSTEOTOMY, RADIUS; DISTAL THIRD	Orthope	11,702.00
25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	Orthope	8,702.00
25360	OSTEOTOMY; ULNA	Orthope	11,702.00
25365	OSTEOTOMY; RADIUS AND ULNA	Orthope	14,668.00
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	Orthope	8,702.00
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE	Orthope	9,668.00
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	Orthope	9,226.00
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	Orthope	9,668.00
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	Orthope	8,702.00
25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	Orthope	9,668.00
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT	Orthope	8,702.00
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT	Orthope	9,668.00
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT	Orthope	8,702.00
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH AUTOGRAFT	Orthope	9,668.00
25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	Orthope	8,702.00
25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	Orthope	9,668.00
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WO RADIAL STYLOIDECTOMY	Orthope	18,864.00
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	Orthope	18,668.00
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	Orthope	18,668.00
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID CARPAL (NAVICULAR)	Orthope	18,668.00
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	Orthope	18,668.00
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	Orthope	18,668.00
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; (TOTAL WRIST)	Orthope	26,602.00
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	Orthope	20,360.00
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	Orthope	14,668.00
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	Orthope	7,734.00
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	Orthope	8,702.00
25490	PROPHYLACTIC TREATMENT WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	Orthope	12,734.00
25491	PROPHYLACTIC TREATMENT WITH OR WITHOUT METHYLMETHACRYLATE; ULNA	Orthope	12,734.00
25492	PROPHYLACTIC TREATMENT WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND ULNA	Orthope	8,702.00
25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	Orthope	4,100.00
25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Orthope	12,243.00
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE (GALEAZZI FRACTURE/DISLOCATION)	Orthope	3,868.00
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, (GALEAZZI FRACTURE/ DISLOCATION)	Orthope	7,734.00
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE & OPEN TREATMENT (GALEAZZI FRAC/ DISL)	Orthope	8,702.00
25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION91352	Orthope	3,868.00
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Orthope	7,734.00
25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION91356	Orthope	4,544.00
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; OF RADIUS OR ULNA	Orthope	7,734.00
25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; OF RADIUS AND ULNA	Orthope	18,500.00
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION WO MANIPULATION	Orthope	2,901.00
25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION; WITH MANIPULATION	Orthope	4,100.00
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION	Orthope	6,344.00
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRAC OR EPIPHYSEAL SEP, W INT FIX	Orthope	15,091.00
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRAC OR EPIPHYSEAL SEP; WITH INT FIX OF 2	Orthope	16,977.00
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRAC OR EPIPHYSEAL SEP; W INT FIX OF 3	Orthope	17,592.00
25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRAC OR EPIPHYSEAL SEP, REQ MANIP	Orthope	4,834.00
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	Orthope	6,040.00
25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION91367	Orthope	3,868.00
25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, INC INT FIX, WHEN PERFORMED	Orthope	12,243.00
25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID; W MANIP	Orthope	3,868.00
25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (OTHER THAN CARPAL SCAPHOID, EACH BONE	Orthope	12,243.00
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	Orthope	2,165.00
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	Orthope	12,243.00
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, W	Orthope	3,868.00
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	Orthope	7,734.00

25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	Orthope	3,868.00
25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	Orthope	7,734.00
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, W MANIP	Orthope	3,868.00
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	Orthope	7,734.00
25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	Orthope	3,868.00
25695	OPEN TREATMENT OF LUNATE DISLOCATION	Orthope	12,734.00
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT	Orthope	13,668.00
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT	Orthope	15,602.00
25810	ARTHRODESIS, WRIST; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Orthope	19,102.00
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	Orthope	13,668.00
25825	ARTHRODESIS, WRIST; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Orthope	14,602.00
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT (EG, SAUVE-KAPANDJI PROCEDURE)	Orthope	14,602.00
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	Orthope	7,734.00
25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	Orthope	7,734.00
25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	Orthope	7,734.00
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	Orthope	1,322.00
26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	Orthope	4,544.00
26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	Orthope	5,801.00
26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	Orthope	3,868.00
26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	Orthope	5,801.00
26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	Orthope	7,734.00
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	Orthope	8,702.00
26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	Orthope	8,702.00
26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	Orthope	8,702.00
26045	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL	Orthope	8,702.00
26055	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	Orthope	9,088.00
26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	Orthope	6,767.00
26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE BODY; CARPOMETACARPAL JT	Orthope	5,801.00
26075	ARTHROTOMY, WITH EXP, DRAIN, OR REM OF LOOSE BODY; METACARPOPHALANGEAL JOINT, EACH	Orthope	5,801.00
26080	ARTHROTOMY, WITH EXP, DRAIN, OR REM OF LOOSE BODY; INTERPHALANGEAL JT	Orthope	5,801.00
26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	Orthope	5,801.00
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	Orthope	4,834.00
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	Orthope	4,834.00
26111	EXCISION TUMOR OR VASCULAR MALFORMATION 1.5CM OR GREATER	Orthope	7,932.00
26113	EXCISION,TUMOR, SOFT TISSUE,OR VASCULAR MANFORMATION 1.5 CM OR GREATER	Orthope	9,068.00
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS	Orthope	5,681.00
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; DEEP	Orthope	6,816.00
26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER	Orthope	7,734.00
26121	FASCIECTOMY, PALM ONLY, W/WO Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFT	Orthope	8,702.00
26123	FASC, PART PALMAR WITH RELEASE OF SINGLE, W/WO Z-PLASTY, OTHER TISSUE REARRANGEMENT	Orthope	11,360.00
26125	FASC, PART PALMAR WITH RELEASE OF SINGLE DIGIT INCL PROXIMAL INTERPHALANGEAL JT	Orthope	4,834.00
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	Orthope	8,702.00
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCL INTRINSIC RELEASE AND EXT HOOD RECONST	Orthope	7,734.00
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION	Orthope	7,734.00
26145	SYNOVECTOMY, TENDON SHEATH, RADICAL, FLEXOR TENDON, PALM AND/OR FINGER,	Orthope	7,734.00
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE, HAND OR FINGER	Orthope	6,816.00
26170	EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON	Orthope	7,734.00
26180	EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON	Orthope	7,734.00
26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	Orthope	6,767.00
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	Orthope	5,801.00
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT	Orthope	7,734.00
26210	EXCISION BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER;	Orthope	5,801.00
26215	EXCISION BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER;	Orthope	7,734.00
26230	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS); METACARPAL	Orthope	9,668.00
26235	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER91451	Orthope	8,702.00
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	Orthope	8,702.00
26250	RADICAL RESECTION, METACARPAL (EG, TUMOR);	Orthope	8,702.00

26255	RADICAL RESECTION, METACARPAL (EG, TUMOR); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	Orthope	9,668.00
26260	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);	Orthope	8,702.00
26261	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR); WITH AUTOGRAFT	Orthope	9,668.00
26262	RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)	Orthope	7,734.00
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	Orthope	4,834.00
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	Orthope	4,111.00
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH	Orthope	7,953.00
26352	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH	Orthope	8,702.00
26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH	Orthope	8,702.00
26357	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH	Orthope	8,702.00
26358	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH	Orthope	8,702.00
26370	REPAIR OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY,	Orthope	8,702.00
26372	REPAIR OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE	Orthope	8,702.00
26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON;	Orthope	7,734.00
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT	Orthope	9,668.00
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER	Orthope	7,734.00
26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT,	Orthope	6,329.00
26412	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT	Orthope	7,734.00
26415	EXCISION OF EXTENSOR TENDON, W IMPLANTOF SYNTHETIC ROD FOR DELAYED TENDON GRAFT	Orthope	9,668.00
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT	Orthope	7,734.00
26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT	Orthope	6,816.00
26420	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT	Orthope	7,734.00
26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY; USING LOCAL TISSUE(S)	Orthope	7,953.00
26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY ; WITH FREE GRAFT	Orthope	8,702.00
26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WO PERCUTANEOUS	Orthope	6,816.00
26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT	Orthope	6,150.00
26434	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE GRAFT	Orthope	8,702.00
26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	Orthope	7,251.00
26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON	Orthope	6,285.00
26442	TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON91484	Orthope	7,734.00
26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON	Orthope	6,285.00
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON91486	Orthope	6,767.00
26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON91487	Orthope	5,801.00
26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON91488	Orthope	5,801.00
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON91489	Orthope	5,801.00
26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT91490	Orthope	7,734.00
26474	TENODESIS; OF DISTAL JOINT, EACH JOINT91491	Orthope	7,734.00
26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON91492	Orthope	6,285.00
26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON91493	Orthope	6,285.00
26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON91494	Orthope	6,285.00
26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON91495	Orthope	6,285.00
26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND;	Orthope	9,494.00
26483	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA; W FREE TENDON GRAFT	Orthope	9,668.00
26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	Orthope	8,702.00
26489	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT	Orthope	10,548.00
26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	Orthope	8,702.00
26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT	Orthope	9,668.00
26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	Orthope	9,668.00
26496	OPPONENSPLASTY; OTHER METHODS	Orthope	8,702.00
26497	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	Orthope	9,668.00
26498	TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	Orthope	11,602.00
26499	CORRECTION CLAW FINGER, OTHER METHODS	Orthope	8,702.00
26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE	Orthope	13,301.00
26502	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT	Orthope	7,734.00
26504	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON PROSTHESIS	Orthope	9,668.00
26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	Orthope	7,734.00
26510	CROSS INTRINSIC TRANSFER, EACH TENDON	Orthope	7,734.00

26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	Orthope	5,801.00
26517	CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS	Orthope	8,702.00
26518	CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS	Orthope	9,668.00
26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	Orthope	8,201.00
26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT	Orthope	7,734.00
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	Orthope	17,168.00
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	Orthope	16,602.00
26535	ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT	Orthope	17,234.00
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	Orthope	18,602.00
26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	Orthope	10,225.00
26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JT, SINGLE; W TENDON	Orthope	10,635.00
26542	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JT, SINGLE; W LOCAL TISSUE	Orthope	10,635.00
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE,	Orthope	11,360.00
26546	REPAIR NON-UNION, METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT	Orthope	13,494.00
26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JT	Orthope	8,702.00
26550	POLLICIZATION OF A DIGIT	Orthope	7,734.00
26555	TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	Orthope	7,734.00
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	Orthope	7,734.00
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	Orthope	9,668.00
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX	Orthope	10,635.00
26565	OSTEOTOMY; METACARPAL, EACH	Orthope	10,548.00
26567	OSTEOTOMY; PHALANX OF FINGER, EACH	Orthope	9,668.00
26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	Orthope	8,702.00
26580	REPAIR CLEFT HAND	Orthope	9,668.00
26587	RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE	Orthope	9,668.00
26590	REPAIR MACRODACTYLIA, EACH DIGIT	Orthope	9,668.00
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	Orthope	8,702.00
26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	Orthope	8,702.00
26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	Orthope	7,734.00
26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	Orthope	6,253.00
26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL FIXATION	Orthope	4,834.00
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	Orthope	8,222.00
26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION,	Orthope	15,091.00
26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB, WITH MANIP	Orthope	2,901.00
26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACT DISLOCATION, THUMB, W MANIP	Orthope	7,037.00
26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE),	Orthope	7,734.00
26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH	Orthope	3,868.00
26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISL; OTHER THAN THUMB, W MANIP	Orthope	7,546.00
26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB;	Orthope	6,767.00
26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX, MULTIPLE,	Orthope	7,734.00
26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION;	Orthope	3,868.00
26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISL, SINGLE, WITH MANIP	Orthope	4,100.00
26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE,	Orthope	7,734.00
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACT, PROX OR MIDDLE PHALANX, FINGER OR THUMB;	Orthope	605.00
26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACT, PROX OR MIDDLE PHALANX, FINGER OR THUMB;	Orthope	3,409.00
26727	PERCUT SKELETAL FIX OF UNSTABLE PHALANGEAL SHAFT FRACT, PROX OR PHALANX,	Orthope	7,546.00
26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACT, PROX OR PHALANX, FINGER OR THUMB,	Orthope	12,243.00
26742	CLOSED TREATMENT OF ARTICULAR FRACT, INV METACARPOPHALANGEAL OR INTERPHALANGEAL JT;	Orthope	1,934.00
26746	OPEN TREATMENT OF ARTICULAR FRACT, INV METACARPOPHALANGEAL OR INTERPHALANGEAL JT;	Orthope	11,508.00
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACT, FINGER OR THUMB; WO MANIP	Orthope	524.00
26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACT, FINGER OR THUMB; WITH MANIP	Orthope	1,743.00
26756	PERCUTANEOUS SKELETAL FIX OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB	Orthope	7,037.00
26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB,	Orthope	10,278.00
26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE,	Orthope	4,264.00
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE	Orthope	2,901.00
26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION,	Orthope	6,767.00
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT	Orthope	13,668.00

26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB,	Orthope	12,702.00
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH AUTOGRAFT	Orthope	13,668.00
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;	Orthope	13,494.00
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH AUTOGRAFT	Orthope	13,668.00
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Orthope	12,702.00
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Orthope	13,668.00
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Orthope	9,226.00
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	Orthope	4,351.00
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT	Orthope	9,668.00
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT	Orthope	4,834.00
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE,	Orthope	6,285.00
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE,	Orthope	6,150.00
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE,	Orthope	6,767.00
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	Orthope	4,063.00
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	Orthope	4,063.00
26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)	Orthope	6,095.00
27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	Orthope	6,826.00
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	Orthope	13,776.00
27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	Orthope	8,766.00
27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	Orthope	7,801.00
27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	Orthope	7,801.00
27035	DENERVATION, HIP JOINT, INTRA OR EXTRA INTRA-ARTICULAR OF SCIATIC, FEMORAL, OR OBT NERVES	Orthope	8,776.00
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	Orthope	488.00
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR91619	Orthope	3,901.00
27047	EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE91620	Orthope	3,901.00
27048	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR	Orthope	6,339.00
27049	RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA	Orthope	7,801.00
27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	Orthope	7,801.00
27052	ARTHROTOMY, WITH BIOPSY; HIP JOINT	Orthope	8,776.00
27060	EXCISION; ISCHIAL BURSA	Orthope	6,826.00
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	Orthope	11,135.00
27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL	Orthope	7,801.00
27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	Orthope	8,776.00
27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	Orthope	13,752.00
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Orthope	4,876.00
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	Pain Ma	704.00
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	Pain Ma	2,605.00
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	Pain Ma	2,605.00
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER	Orthope	13,752.00
27105	TRANSFER PARASPINAL MUSCLE TO HIP	Orthope	9,752.00
27110	TRANSFER ILIOPSAOS, TO GREATER TROCHANTER OF FEMUR	Orthope	14,752.00
27111	TRANSFER ILIOPSOAS, TO FEMORAL NECK	Orthope	7,580.00
27125	HEMIARTHOPLASTY, HIP, PARTIAL	Orthope	24,480.00
27130	TOTAL HIP ARTHROPLASTY	Orthope	27,500.00
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK	Orthope	8,776.00
27197	CLOSED TREATMETN OF POSTERIOR PELVIC RING FRACTURE	Orthope	488.00
27198	CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE	Orthope	488.00
27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	Orthope	459.00
27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	Orthope	6,826.00
27215	OPEN TMT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACT	Orthope	13,229.00
27279	ARTHRODESIS SACROILIAC JOINT	Orthope	24,740.00
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	Orthope	11,678.00
27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION91789	Orthope	8,278.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN91791	Orthope	11,135.00
27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG,	Orthope	6,826.00
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	Orthope	4,459.00
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Orthope	5,852.00

27327	EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS	Orthope	6,726.00
27328	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR	Orthope	7,384.00
27330	ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY	Orthope	8,439.00
27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE BODIES	Orthope	9,494.00
27334	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	Orthope	13,609.00
27335	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR	Orthope	13,609.00
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER	Orthope	6,826.00
27340	EXCISION, PREPATELLAR BURSA	Orthope	8,661.00
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)	Orthope	9,898.00
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	Orthope	9,898.00
27350	PATELLECTOMY OR HEMIPATELLECTOMY	Orthope	11,827.00
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	Orthope	9,462.00
27356	REMOVE FEMUR LESION/GRAFT	Orthope	21,580.00
27357	REMOVE FEMUR LESION/GRAFT	Orthope	13,010.00
27360	PARTIAL EXCISION BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBULA	Orthope	21,580.00
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	Orthope	11,384.00
27381	SUTURE OF INFRAPATELLAR TENDON; SECOND RECONSTRUCTION, INCL FASCIAL OR TENDON GRAFT	Orthope	12,776.00
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	Orthope	13,898.00
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; WITH GRAFT	Orthope	13,898.00
27403	ARTHROTOMY WITH MENISCUS REPAIR, KNEE	Orthope	10,616.00
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	Orthope	11,827.00
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	Orthope	23,010.00
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF	Orthope	14,166.00
27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	Orthope	13,452.00
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	Orthope	11,135.00
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE	Orthope	12,372.00
27425	LATERAL RETINACULAR RELEASE, OPEN	Orthope	11,827.00
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	Orthope	13,010.00
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	Orthope	13,010.00
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	Orthope	13,010.00
27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	Orthope	13,010.00
27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	Orthope	17,221.00
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	Orthope	38,968.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL (TOTAL KNEE ARTHROPLASTY)	Orthope	41,674.00
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANS FRACTURE WO INTERCONDYLAR EXT	Orthope	8,439.00
27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INT FIX &/OR PART OR COMP PATELLECTOMY	Orthope	11,827.00
27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	Orthope	2,596.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL; UNICONDYLAR, INCL INT FIX, WHEN PERFORMED	Orthope	9,752.00
27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL; BICONDYLAR,	Orthope	9,706.00
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE	Orthope	9,752.00
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA	Orthope	4,949.00
27599	UNLISTED PROCEDURE, FEMUR OR KNEE	Orthope	-
27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	Orthope	6,653.00
27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	Orthope	9,562.00
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	Orthope	11,753.00
27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	Orthope	3,927.00
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	Orthope	6,607.00
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	Orthope	5,891.00
27618	EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE91976	Orthope	4,909.00
27619	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)91977	Orthope	9,877.00
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY,	Orthope	8,821.00
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;	Orthope	7,854.00
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	Orthope	6,616.00
27632	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	Orthope	5,645.00
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	Orthope	8,821.00
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	Orthope	11,111.00
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	Orthope	6,872.00

27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE	Orthope	6,872.00
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	Orthope	13,329.00
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT	Orthope	18,013.00
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT	Orthope	13,510.00
27658	REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON	Orthope	6,173.00
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	Orthope	9,877.00
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	Orthope	12,338.00
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON	Orthope	6,616.00
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	Orthope	11,111.00
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON SUPERFICIAL	Orthope	13,493.00
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP	Orthope	13,346.00
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	Orthope	13,924.00
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	Orthope	13,111.00
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	Orthope	13,836.00
27700	ARTHROPLASTY, ANKLE	Orthope	21,836.00
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)	Orthope	24,562.00
27704	REMOVAL OF ANKLE IMPLANT	Orthope	7,854.00
27705	OSTEOTOMY; TIBIA	Orthope	12,854.00
27707	OSTEOTOMY; FIBULA	Orthope	7,854.00
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	Orthope	7,405.00
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	Orthope	2,470.00
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	Orthope	4,411.00
27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE	Orthope	12,409.00
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, WITH PLATE/SCREWS,	Orthope	17,531.00
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	Orthope	2,468.00
27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION	Orthope	13,877.00
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	Orthope	2,206.00
27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	Orthope	6,374.00
27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE,	Orthope	11,854.00
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS);	Orthope	1,964.00
27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS),	Orthope	11,848.00
27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE	Orthope	13,329.00
27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTUREMEDIAL AND/OR LATERAL MALLEOLUS;	Orthope	12,799.00
27823	OPEN TMT OF TRIMALLEOLAR ANKLE FRACT, MEDIAL AND/OR LATERAL MALLEOLUS; W FIX OF POST LIP	Orthope	12,799.00
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	Orthope	2,468.00
27825	CLOSED TMT OF FRACTURE OF WEIGHT BEARING ARTICULAR OF DISTAL TIBIA,W SKELETAL TRACTION	Orthope	2,468.00
27826	OPEN TMT OF FRACT OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA, OF FIBULA	Orthope	11,848.00
27827	OPEN TMT OF FRAC OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA; OF TIBIA	Orthope	23,424.00
27828	OPEN TMT OF FRAC OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA; OF TIBIA	Orthope	23,424.00
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION,	Orthope	13,329.00
27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION;	Orthope	12,854.00
27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION;	Orthope	12,854.00
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION	Orthope	3,927.00
27870	ARTHRODESIS, ANKLE, OPEN	Orthope	18,794.00
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	Orthope	24,794.00
27884	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	Orthope	10,794.00
27886	AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	Orthope	10,794.00
28001	INCISION AND DRAINAGE BURSA, FOOT;	Orthope	1,250.00
28002	INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT;	Orthope	6,872.00
28008	FASCIOTOMY, FOOT AND/OR TOE	Podiatr	5,891.00
28022	ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY;	Orthope	6,872.00
28030	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	Orthope	6,872.00
28035	RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	Orthope	7,854.00
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	Orthope	4,490.00
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL 1.5 CM OR GREATER	Orthope	9,970.00
28043	EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE	Orthope	5,924.00
28045	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR	Orthope	7,719.00

28052	ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT	Orthope	6,607.00
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	Orthope	8,038.00
28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	Orthope	6,872.00
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	Orthope	5,891.00
28090	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE ; FOOT	Orthope	5,891.00
28092	EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE ; TOE(S), EACH	Orthope	5,891.00
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL	Orthope	7,034.00
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	Orthope	6,872.00
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	Orthope	5,891.00
28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	Orthope	8,777.00
28116	OSTECTOMY, EXCISION OF TARSAL COALITION92146	Orthope	9,880.00
28118	OSTECTOMY, CALCANEUS;92147	Orthope	8,777.00
28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	Orthope	7,854.00
28120	PARTIAL EXCISION BONE	Orthope	8,836.00
28122	PARTIAL EXCISION BONE (EG, OSTEOMYELITIS OR BOSSING); TARSAL OR METATARSAL BONE,	Orthope	6,872.00
28124	PARTIAL EXCISION BONE ; PHALANX OF TOE	Orthope	5,891.00
28126	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE	Orthope	5,891.00
28140	METATARSECTOMY	Orthope	11,463.00
28153	RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE	Orthope	6,872.00
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	Orthope	1,964.00
28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	Orthope	3,927.00
28200	REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	Orthope	7,854.00
28208	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON	Orthope	10,106.00
28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON	Orthope	3,927.00
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)	Orthope	4,935.00
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON	Orthope	4,935.00
28238	RECONSTRUCTION, POSTERIOR TIBIAL TENDON WITH EXCISION OF ACC TARSAL NAVICULAR BONE	Orthope	12,181.00
28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	Orthope	7,551.00
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCEDURE)	Podiatr	7,854.00
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY,	Orthope	6,616.00
28285	CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION,	Orthope	10,794.00
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD,	Orthope	8,642.00
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE	Orthope	7,719.00
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE	Orthope	8,821.00
28291	Hallux rigidus correction with cheilectomy, with implant	Podiatr	8,821.00
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY;	Orthope	7,854.00
28293	CORRECTION, HALLUX VALGUS, WITH OR WO SESAMOIDECTOMY; RESECTION OF JT W IMPLANT	Orthope	10,794.00
28296	CORRECTION, HALLUX VALGUS, WITH OR WITHOUT SESAMOIDECTOMY; W METATARSAL OSTEOTOMY	Orthope	9,877.00
28297	CORRECTION, HALLUX VALGUS, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS-TYPE PROCEDURE	Orthope	9,877.00
28298	CORRECTION, HALLUX VALGUS, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	Orthope	9,877.00
28299	CORRECTION, HALLUX VALGUS), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE OSTEOTOMY	Orthope	9,877.00
28300	OSTEOTOMY; CALCANEUS WITH OR WITHOUT INTERNAL FIXATION	Podiatr	11,607.00
28306	OSTEOTOMY, , SHORTENING OR ANGULAR CORRECTION, METATARSAL;	Orthope	13,642.00
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,	Orthope	11,463.00
28310	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE	Orthope	7,516.00
28312	OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	Orthope	8,642.00
28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY	Orthope	8,642.00
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	Orthope	6,872.00
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT	Orthope	13,836.00
28445	OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Orthope	12,551.00
28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE , WITH MANIP	Orthope	9,909.00
28465	OPEN TREATMENT OF TARSAL BONE FRACTURE , INCLUDES INTERNAL FIXATION, WHEN PERFORMED,	Orthope	6,607.00
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	Orthope	1,235.00
28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	Orthope	4,909.00
28485	OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Orthope	11,463.00
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	Orthope	531.00
28505	OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL	Orthope	10,794.00

28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	Podiatr	675.00
28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE,	Orthope	10,794.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	Orthope	10,794.00
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION,	Orthope	4,909.00
28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	Orthope	10,794.00
28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	Orthope	6,872.00
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION,	Orthope	6,872.00
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	Orthope	12,836.00
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	Orthope	12,836.00
28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	Orthope	13,733.00
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	Orthope	5,663.00
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	Orthope	5,663.00
28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	Orthope	7,403.00
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	Orthope	2,022.00
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	Orthope	489.00
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	Orthope	718.00
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	Orthope	9,062.00
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	Orthope	12,739.00
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	Orthope	12,739.00
29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Orthope	12,739.00
29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	Orthope	12,739.00
29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	Orthope	13,229.00
29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	Orthope	12,739.00
29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	Orthope	12,739.00
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY	Orthope	12,739.00
29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS,	Orthope	12,739.00
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE	Orthope	12,739.00
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	Orthope	12,739.00
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	Orthope	13,229.00
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	Orthope	9,494.00
29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	Orthope	11,678.00
29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	Orthope	11,604.00
29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	Orthope	11,604.00
29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	Orthope	11,678.00
29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	Orthope	11,678.00
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	Orthope	7,049.00
29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Orthope	11,487.00
29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	Orthope	10,616.00
29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	Orthope	11,487.00
29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARTILAGE	Orthope	11,678.00
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	Orthope	11,487.00
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	Orthope	7,049.00
29850	ARTHROSCOPIC AID OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE	Orthope	12,083.00
29851	ARTHROSCOPIC AID OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE,	Orthope	12,083.00
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR	Orthope	12,083.00
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL	Orthope	12,083.00
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)92447	Orthope	11,830.00
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY92448	Orthope	12,739.00
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	Orthope	12,739.00
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	Orthope	12,739.00
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY)	Orthope	11,604.00
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	Orthope	11,604.00
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	Orthope	9,494.00
29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	Orthope	11,604.00
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	Orthope	11,678.00
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY	Orthope	11,604.00
29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION)	Orthope	11,678.00

29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS	Orthope	11,604.00
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	Orthope	11,678.00
29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTYOR MULTIPLE DRILLING OR MICROFRACT	Orthope	11,678.00
29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY	Orthope	11,678.00
29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY	Orthope	11,678.00
29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	Orthope	11,678.00
29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	Orthope	11,604.00
29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION	Orthope	11,604.00
29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING	Orthope	11,075.00
29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION	Orthope	11,678.00
29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEO DISS LESION WITH INTERNAL FIXATION	Orthope	11,075.00
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION	Orthope	12,739.00
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION	Orthope	17,083.00
29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA	Orthope	9,062.00
29892	ARTHROSCOPIC AID REPAIR OF OSTEO DISS LESION, TALAR DOME FRAC, OR TIBIAL PLAFOND FRAC,	Orthope	13,069.00
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	Orthope	7,049.00
29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL;	Orthope	9,494.00
29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	Orthope	9,555.00
29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	Orthope	10,616.00
29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	Orthope	10,616.00
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; W ANKLE ARTHRODESIS	Orthope	13,069.00
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	Orthope	7,384.00
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	Orthope	9,555.00
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; W REDUC OF DISPLACED ULNAR COLL LIB	Orthope	9,247.00
29914	ARTHROSCOPY,HIP SURGICAL;WITH FEMOROPLASTY(IE,TREATMENT OF CAM LESION)	Orthope	16,081.00
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	Orthope	16,081.00
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	Orthope	16,081.00
29999	UNLISTED PROCEDURE, ARTHROSCOPY	Orthope	10,994.00
31640	BRONCHOSCOPY WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH EXCISION OF TUMOR		4,634.00
31641	BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS		4,634.00
31643	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT		3,089.00
31645	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL		3,089.00
31646	BRONCHOSCOPY WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT		3,089.00
31656	BRONCHOSCOPY WITH INJECTION OF CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAPHY		3,089.00
31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)		2,317.00
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY		323.00
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL		323.00
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/STENT OR INDWELLING		644.00
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR		3,862.00
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR		5,406.00
31830	REVISION OF TRACHEOSTOMY SCAR		4,634.00
32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT		406.00
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE		497.00
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE		972.00
32420	PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION		456.00
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHAMBER,		6,316.00
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER93070		6,316.00
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER93083		5,029.00
33223	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING		5,029.00
33233	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR		6,316.00
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	Orthope	9,326.00
36800	INSERTION OF CANNULA FOR HEMODIALYSIS; VEIN TO VEIN		735.00
36810	INSERTION OF CANNULA FOR HEMODIALYSIS; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)		897.00
36815	INSERTION OF CANNULA FOR HEMODIALYSIS; ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE		735.00
37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS		630.00
37799	UNLISTED PROCEDURE, VASCULAR SURGERY		-
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION	Pain Ma	2,495.00

62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE		1,664.00
62290	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	Pain Ma	1,487.00
62291	INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	Pain Ma	1,179.00
62321	Injection(s), of diagnostic or therapeutic substance(s)	Pain Ma	1,386.00
62323	Injection(s), of diagnostic or therapeutic substance(s)	Pain Ma	1,855.00
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	Pain Me	7,484.00
64412	INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE9	Pain Ma	1,347.00
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE		1,347.00
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	Pain Ma	1,386.00
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE		1,347.00
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	Pain Ma	1,347.00
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE	Pain Ma	1,386.00
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE		1,387.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	Pain Ma	1,734.00
64455	INJECTION, ANESTHETIC AGENT AND/OR STEROID	Pain Ma	1,734.00
64470	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET JT NERVE	Pain Ma	1,734.00
64472	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET JT NERVE	Pain Ma	1,734.00
64475	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JT OR FACET JT NERVE	Pain Ma	1,734.00
64476	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT	Pain Ma	1,734.00
64479	INJECTION, ANESTHETIC AGENT &/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC	Pain Ma	1,734.00
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL,	Pain Ma	1,734.00
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL;	Pain Ma	1,734.00
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Pain Ma	3,057.00
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Pain Ma	3,057.00
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Pain Ma	3,057.00
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Pain Ma	3,057.00
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Pain Ma	3,057.00
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL)	Pain Ma	3,057.00
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	Pain Ma	1,734.00
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	Pain Ma	1,734.00
64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	Pain Me	988.00
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE	Pain Ma	555.00
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERV	Pain Ma	832.00
64613	CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S)		1,179.00
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR	Pain Ma	1,101.00
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE;	Pain Ma	551.00
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE;	Pain Ma	1,304.00
64627	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR	Pain Ma	653.00
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING		5,105.00
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING		1,299.00
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING		5,105.00
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING		5,105.00
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH		1,466.00
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Pain Ma	399.00
64681	DESTRUCTION BY NEUROLYTIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	Pain Ma	1,872.00
64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	Orthope	3,911.00
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	Orthope	7,822.00
64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	Orthope	7,141.00
64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	Orthope	7,565.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	Orthope	5,356.00
64722	DECOMPRESSION; UNSPECIFIED NERVE(S)	Orthope	3,326.00
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL		3,504.00
64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	Orthope	6,249.00
64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	Orthope	5,821.00
64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	Orthope	7,500.00
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE		4,990.00
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE		5,597.00

64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	Orthope	9,283.00
64835	SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR	Orthope	8,821.00
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	Orthope	9,484.00
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	Orthope	7,822.00
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	Pain Me	-
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME,	Orthope	254.00
76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	Orthope	422.00
76005	FLUOROSCOPIC GUIDANCE + LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR	Orthope	422.00
77000	FLUOROSCOPY UP TO ONE HOUR	Orthope	196.00
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	Orthope	170.00
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE	Orthope	155.00
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY		2,605.00
G0260	INJECTION SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER AGENT,		2,605.00
G0289	ARTHROSCOPY, KNEE, SURGICAL, (CHONDROPLASTY)	Orthope	9,593.00
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	Orthope	2,674.00

ATTACHMENT 24c9

OAK ASC, LLC
POLICY MANUAL

Section 2: Governance

Subject: Peer Review

Approved By: Board of Directors

I. POLICY

OAK ASC maintains an active and organized process for peer review that is integrated into the quality management and improvement program.

The peer review program has the following characteristics:

A. The health care professionals understand, support, and participate in the peer review program.

B. Each physician receives peer based reviews from at least one similarly licensed peer.

C. OAK ASC provides ongoing monitoring of important aspects of the care provided by physicians and health care providers.

D. Health care professionals participate in the development and application of the criteria used to evaluate the care they provide.

E. Data related to established criteria are collected in an ongoing manner and periodically evaluated to identify acceptable or unacceptable trends or occurrences that affect patient outcomes.

F. The results of peer review are used as part of the process for granting continuation of clinical privileges.

G. To improve the professional competence and skill-as well as the quality of performance-of the health care professionals and other professional personnel it employs, OAK ASC:

1. Provides access to reliable, up-to-date information pertinent to the clinical, educational, and administrative services provided by OAK ASC
2. Encourages health care professionals to participate in educational programs and activities.

H. For Peer Review, a physician's patient charts are pulled randomly and event related for review by the physician's peers. Every quarter, 5% of each category (anesthesia, orthopedics, and pain) are pulled for review. Peer review business is conducted at the

QAPI Committee meeting. Any deviation of standards is reviewed by QAPI Committee and forwarded to the Board of Directors.

I. OAK ASC monitors clinical practice patterns through process and outcome monitoring for Physicians, PA's, Nurse Practitioners, and Anesthesiologist/CRNA.

1) At a minimum, the practice patterns for the following will be monitored for physicians monthly and reviewed by the QAPI committee and forwarded to the Board of Directors. These practice patterns will be used at time of reappointment.
   - Infection Rates
   - Complication Rates
   - Transfer Rates
   - Patient Complaints
   - Return to Surgery

2) At a minimum, the practice patterns for the following will be monitored for Anesthesiologist/CRNA's monthly and reviewed by the QAPI committee and forwarded to the Board of Directors. These practice patterns will be used at time of reappointment.
   - Reintubation
   - Rapid Response or Code Blue
   - Patient Complaints
   - Dental Injuries

3) At a minimum, the practice patterns for the following will be monitored for PA's, and Nurse Practitioners monthly and reviewed by the QAPI committee and forwarded to the Board of Directors. These practice patterns will be used at time of reappointment.
   - Infection Rates
   - Complication Rates
   - Patient complaints
   - Return to Surgery

Let's Make It Happen...

Peoples Bank
of Kankakee County

Bourbonnais Main Office/ATM
315 Main Northwest
Bourbonnais, IL 60914

Kankakee Downtown Office/ATM
333 East Court Street
Kankakee, IL 60901

January 7, 2019

Ms. Page Cripe
Chief Executive Officer
Orthopedic Associates of Kankakee, S.C.
400 S. Kennedy Dr.
Bradley, IL 60915

Re: PROPOSED TERMS OF FINANCING FOR THE CONSTRUCTION AND EQUIPPING OF AN OUTPATIENT SURGERY CENTER TO BE DEVELOPED IN BOURBONNAIS, ILLINOIS BY OAK ORTHOPEDICS OR A RELATED ENTITY. THIS IS A GENERAL OUTLINE OF PROPOSED TERMS, AND SHOULD NOT BE CONSTRUED AS A COMMITMENT TO FINANCE. FINAL TERMS WILL BE IDENTIFED NO MORE THAN SIXTY DAYS PRIOR TO COMMITMENT.

Ms. Cripe:

Please accept this letter as an indication of interest on the part of Peoples Bank of Kankakee County to provide financing as referenced above. Please consider the following:

Borrower:	Orthopedic Associates of Kankakee, S.C. or related entity
Guarantor:	All 20% or greater owners of the subject property
Maximum Loan:	$7,000,000
Collateral:	A first mortgage lien on the subject real estate and pledge of all equipment
Interest Rate:	4.75% fixed for five years, adjustable annually thereafter (end loan)
Term:	20 years
Loan Fee:	$1,000 to Bank plus all 3rd party expenses (i.e. appraisal, title, etc.)

Please note this does not constitue approval of any loan nor is it a commitment to lend. Feel free to contact the undersigned if you have any questions. I look forward to continued discussion regarding the project.

Sincerely,

Matthew M. Olszewski
VP/Chief Credit Officer

OAK ASC, LLC
Financial Viability Ratios
As of Year 2

1) Current Ratio:	Current Assets /	Current Liabilities		
	2,136,710 /	135,000	=	**15.8**
2) Net Margin %:	(Net Income /	Net Revenues) x	100	
	698,611 /	5,981,025 x	100 =	**11.7**
3) LT Debt to Cap:	(Long-Term Debt /	LT Debt + Net Assets) x	100	
	977,350 /	(977,350 + 774,722) x	100 =	**55.8**
4) Debt Service:	Net Income +	(Depr + Int + Amort) /	Total Debt Payment	
	698,611 +	(67,830 + 454,849) /	349,990	**3.5**
5) Days Cash on Hand:	Cash /	((Operating Exp - Depr) /	365)	
	1,736,710 /	(5,282,414 - 454,849) /	365) =	**131**
6) Cushion Ratio:	Cash /	Total Debt Payment		
	1,736,710 /	349,990	=	**5.0**

ATTACHMENT 36

OAK ORTHOPEDICS
SPECIALIZING IN WHAT MOVES YOU

Bradley
400 S. Kennedy Drive, Suite 100
Bradley, IL 60915
Phone: (815) 928-8050
Fax: (815) 928-8932

Frankfort
Highland Office Center, Building D
19552 S. Harlem Avenue
Frankfort, IL 60423
Phone: (815) 469-3452
Fax: (815) 469-4169

Watseka
200 Fairman Avenue
Watseka, IL 60970
Phone: (815) 928-8050
Fax: (815) 928-8932

Illinois Health Facilities and
Services Review Board
Springfield, IL 62761

To Whom It May Concern:

It is my belief that the terms and conditions of the proposed debt financing associated with the establishment of OAK Ambulatory Surgery Center are reasonable, and at the present time, represent the lowest net cost available to the applicant. The applicant is a newly-formed entity, without liquid assets that could be used to fund the project. Further, it is my belief that the leasing of space for the ASTC is less costly than the construction of a freestanding building. Last, it is not currently anticipated that equipment will be leased in conjunction with the proposed project.

Sincerely,

Paige E Cripe

Paige E. Cripe
Chief Executive Officer

Notarized: Sheila Smith

SHEILA SMITH
Official Seal
Notary Public – State of Illinois
My Commission Expires Mar 10, 2021

ATTACHMENT 37B

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

	Cost/Sq. Ft.		DGSF		DGSF		New Const. $	Modernization $	Costs	
	New	Mod.	New	Circ.	Mod.	Circ.	(A x C)	(B x E)	(G + H)	
Reviewable										
ASTC-Surgery	$ 405.00		8,200				$ 3,321,000		$ 3,321,000	
ASTC-Recovery	$ 405.00		4,050				$ 1,640,250		$ 1,640,250	
Contingency	$ 20.00						$ 245,000		$ 245,000	
	$ 425.00		12,250				$ 5,206,250		$ 5,206,250	
Non-Reviewable										
Public and Admin Areas	$ 310.00		375				$ 116,250		$ 116,250	
Contingency	$ 20.00						$ 7,500		$ 7,500	
	$ 330.00		375				$ 123,750		$ 123,750	
Total	$ 422.18		12,625				$ 5,330,000		$ 5,330,000	

ATTACHMENT 37C

PROJECTED OPERATING COSTS
and
TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

OAK Ambulatory Surgery Center

YEAR 2 OPERATING COST per CASE

Projected Cases: 4,450

Salaries and Benefits		$1,659,700
Medical Supplies		$2,110,635
		$3,770,335
per Case:	$	847.27

YEAR 2 CAPITAL COST per CASE

Projected Cases: 4,450

Interest Expense	$	67,830
Depreciation & Amort.	$	454,849
	$	522,679
per Case:	$	117.46

SAFETY NET IMPACT STATEMENT

Due to the nature of an ASTC, such facilities are not providers of safety net services, with all procedures scheduled on an elective basis. The applicants, however, are directly affiliated with OAK Orthopedics ("OAK"), and physicians investing in this project hold positions of leadership responsibility with the practice. OAK has a 50+ year history of serving the residents of Kankakee County, and a long history of community involvement, including philanthropic support of a wide variety of programs. Examples of OAK's community involvement is the practice's voluntary staffing of hundreds of area school athletic events, the provision of approximately 450 annual high school sports-related physicals (with the proceeds donated to area schools); and participation in and sponsorship of community-based programs, including health fairs. In addition, in recent years, OAK has provided, on an annual basis, approximately $500,000 in uncompensated/charity care and write-offs to patients unable to afford necessary services.

The payor mix of the proposed ASTC is anticipated to be very similar to that of OAK Surgical Institute:

Medicare	37%
Private Insurance	62%
Other	1%

ATTACHMENT 38

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

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Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEX

January 11, 2019

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

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Need ("CON") application filed on behalf of OAK ASC, LLC and OAK Real Estate Ventures, LLC, and addressing the establishment of an ambulatory surgical treatment center in Bourbonnais, Illinois.

The application is accompanied with a check, in the amount of $2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,

Jacob M. Axel
President

enclosures

675 North Court, Suite 210
Palatine, Illinois 60067

Phone (847) 776-7101
Fax (847) 776-7004