

19-020

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

RECEIVEDSECTION **IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION** MAY 17 2019**This Section must be completed for all projects.****HEALTH FACILITIES &
SERVICES REVIEW BOARD****Facility/Project Identification**

Facility Name: Center for Ambulatory Surgery Treatment II (License #7003220)	
Street Address: 303 North William Kumpf Blvd. (2 nd Floor)	
City and Zip Code: Peoria, Illinois, 61605	
County: Peoria	Health Service Area: 002 Health Planning Area: 143

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

Exact Legal Name: Center for Health Ambulatory Surgery Center, LLC
Street Address: 8800 North State Route 91
City and Zip Code: Peoria, Illinois 61615-9473
Name of Registered Agent: Illinois Service Corporation C
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Thomas J. Feldman
CEO Street Address: 8800 North State Route 91
CEO City and Zip Code: Peoria, Illinois 61615
CEO Telephone Number: 309-683-5480

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Thomas J. Feldman
Title: Administrator
Company Name: Center for Health Ambulatory Surgery Center, LLC
Address: 8800 North State Route 91, Peoria, Illinois 61615
Telephone Number: 309-683-5480
E-mail Address: tfeldman@cfhasc.com
Fax Number: 309-683-4496

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

Name: Edwin W. Parkhurst, Jr.
Title: Managing Principal
Company Name: PRISM Healthcare Consulting, Inc.
Address: 800 Roosevelt Road, Building E, Suite 110, Glen Ellyn, Illinois 60137
Telephone Number: 630-790-5089
E-mail Address: eparkhurst@consultprism.com
Fax Number: 630-790-2696

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: Thomas J. Feldman
Title: Administrator
Company Name: Center for Health Ambulatory Surgery Center, LLC
Address: 8800 North State Route 91, Peoria, Illinois 61615
Telephone Number: 309-683-5480
E-mail Address: tfeldman@cfhasc.com
Fax Number: 309-683-4496

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OSF Healthcare System (See Permit #E-002-18)
Address of Site Owner: 800 NE Glen Oak Avenue, Peoria, Illinois 61603
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2 , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee (Note: Two ASTC Licenses are held by the Operating Entity)

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

Exact Legal Name: Center for Health Ambulatory Surgery Center, LLC
Address: 8800 North State Route 91, Peoria, Illinois 61615
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o 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. o 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 (Not Applicable; There is no related construction. The permit only requests a proposed change in service scope.)

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements (Not Applicable; There is no related construction only a proposed change in service scope)

[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:

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 “Center for Health Ambulatory Surgery Center, LLC” manages, and operates two non-hospital-based ambulatory surgical treatment centers (ASTC’s) in Peoria, Illinois. One is a multi-specialty ASTC located at 8800 North State Route 91, 61615 and the other, a single specialty (orthopedics) ASTC located at 303 N William Kumpf Blvd. (2nd floor), 61605. More specifically these two are:

<u>ASTC</u>	<u>Facility</u>	<u>License #</u>	<u>Type</u>
A.	Ambulatory Surgery Treatment Center (Known as the Center for Health Ambulatory Surgery Center, LLC)	7003124	Multi-Specialty
B	Ambulatory Surgery Treatment Center (II) (Formerly the Musculoskeletal Surgery Center, LLC; d/b/a Great Plains LLC prior to approval of COE permit #E-002-18)	7003220	Single Specialty

The purpose of this CON Permit Application, once approved, is to substantially change the service scope and functional operation of ASTC-B, above, a single specialty ASTC, by converting it into a multi-specialty ASTC through scheduling / assigning currently approved ASTC-A services at both ASTC’s. This change will increase operational efficiency and optimize utilization of under used resources at ASTC-B. There are no proposed changes in approved ASTC services nor an increase in operating room / procedural capacity as a result of the proposed changes; CY 2017 utilization follows:

<u>Data Point</u>	<u>ASTC Facilities (Specialty)*</u> <u>(2017 ASTC Data (IDPH))</u>		<u>Combined</u> <u>Total</u>
	<u>A. (Multi)</u>	<u>B. (Single)</u>	
Total Surgeries	8,082	451	8,533
Surgery Hours (Total)	11,416	844	12,260
Justified OR Rooms @ 1,500 hrs. / room	8	1	9
Available OR’s	6	2	8
Excess / (Deficiency)	(2)	1	(1)

* Source: Published 2017 ASTC Data (IDPH)

This project is considered substantive in that it proposes new ASTC clinical procedures at ASTC-B through adding additional services (Section 1110.235 (c) (3)) currently approved at ASTC-A thereby establishing a multi-specialty ASTC.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0.00	\$0.00	\$0.00
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages (Construction Loan) *			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0.00	\$0.00	\$0.00
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

There are no anticipated capitalized project costs; existing equipment will be re-distributed between the two licensed ASTC's.

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 No
Purchase Price: \$ _____
Fair Market Value: \$ _____

The project involves the establishment of a new facility or a new category of service
 Yes No
(Based solely on re-distributing approved ASTC services utilization)

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 \$ \$20,000 .

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
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 17, 2021 *

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

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

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

* No later than this date pending normal scheduling of assigned procedures; based on the fact there is no capitalized cost. Technically the IHFSRB completion date is predicated on permit approval.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

Cancer Registry
 APORS *(Not Applicable)
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

(Not Applicable: There is no construction involved)

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const. ¹	Modernized ²	As Is	Vacated Space
NON REVIEWABLE							
TOTAL							

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

Facility Bed Capacity and Utilization (Not Applicable)

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

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

Note: The subject ASTC's do not provide inpatient services, hence this criterion is not applicable.


CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Center for Health Ambulatory Surgery Center, 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
Mary Elizabeth T. Rashid, MD

PRINTED NAME

President

PRINTED TITLE



SIGNATURE
Thomas J. Feldman

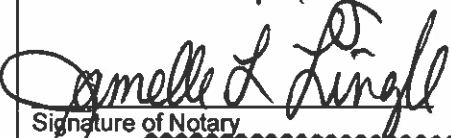
PRINTED NAME

Chief Executive Officer


PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of May

Notarization:
Subscribed and sworn to before me
this 13 day of May



Signature of Notary
Seal
OFFICIAL SEAL
JAMELLE L LINGLE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 06/03/20



Signature of Notary
Seal
OFFICIAL SEAL
JAMELLE L LINGLE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 06/03/20

*Insert the EXACT legal name of the applicant

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

INDEX OF ATTACHMENTS		
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Attachments

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

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

Exact Legal Name: Center for Health Ambulatory Surgery Center, LLC
Street Address: 8800 North State Route 91
City and Zip Code: Peoria, Illinois 61615-9473
Name of Registered Agent: Illinois Service Corporation C
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Thomas J. Feldman
CEO Street Address: 8800 North State Route 91
CEO City and Zip Code: Peoria, Illinois 61615
CEO Telephone Number: 309-683-5480

See Attached Certificate of Good Standing for “Center for Health Ambulatory Surgery Center, LLC, Illinois Secretary of State File # 1911502216)

File Number

0195076-2



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

CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 25, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1911502216 verifiable until 04/25/2020
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of APRIL A.D. 2019 .

Jesse White

SECRETARY OF STATE

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OSF Healthcare System (See Permit #E-002-18)

Address of Site Owner: 800 NE Glen Oak Avenue, Peoria, Illinois 61603

Street Address or Legal Description of the Site:

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.


See following Attestation Statement pertinent to Site Ownership

Attachment 2

Applicant Site Ownership Information

I, Thomas J. Feldman, Chief Executive Officer, do hereby attest the site of the Center for Health Ambulatory Surgery Center, LLC, located at 8800 North State Route 91, Peoria, Illinois and the Center for Health Ambulatory Surgery Center, LLL-II located at 303 North Kumpf Blvd., 2nd Floor, are owned by the OSF Healthcare System.

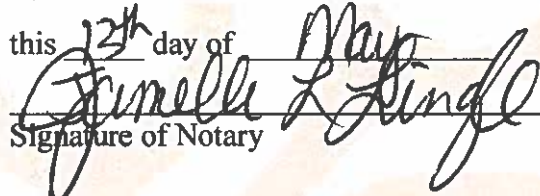
Attested by:


Thomas J. Feldman,
Chief Executive Officer
Center for Health Ambulatory Surgery Center, LLC

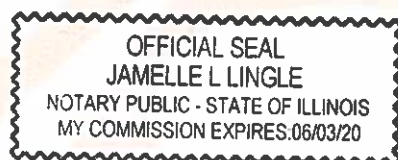
Notarization:

Subscribed and sworn to before me

this 13th day of May


Signature of Notary

Seal



SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

The “Center for Health Ambulatory Surgery Center, LLC.” manages two ASTC’s in Peoria, Illinois.. They are located at:

- 8800 North State Route 91, 61615 and (ASTC-A, See Narrative)
- 303 N. William Kumpf Blvd., 61605 (ASTC-B, See Narrative)

The following provides required information on each:


Operating Identity/Licensee (Note: Two ASTC Licenses are held by the Operating Entity) (When completed; a new healthcare facility ASTC, will be established solely based on re-assigning existing services)

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

Exact Legal Name: Center for Health Ambulatory Surgery Center, LLC			
Address: 8800 North State Route 91, Peoria, Illinois 61615			
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	Other
<ul style="list-style-type: none"> ○ 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. 			

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

Exact Legal Name: Center for Health Ambulatory Surgery Center, II			
Address: 303 North William Kumpf Blvd., 2 nd Floor, Peoria, Illinois 61605			
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	Other
<ul style="list-style-type: none"> ○ 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. 			



HF 117601

**Illinois Department of
PUBLIC HEALTH**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>ID NUMBER</small>
3/18/2020		7003124
Ambulatory Surgery Treatment Center		
Effective: 03/19/2019		

Center for Health Ambulatory Surgery Center, LLC
8800 Route 91 North
Peoria, IL 61615

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18


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

Exp Date 3/18/2020
Lic Number 7003124
Date Printed 2/20/2019

Center for Health Ambulatory Surgery
8800 Route 91 North
Peoria, IL 61615

FEE RECEIPT NO.

HF116012



**Illinois Department of
PUBLIC HEALTH**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	IL NUMBER
5/31/2019		7003220

Ambulatory Surgery Treatment Center

Effective: 06/01/2018

Center for Health Ambulatory Surgery Center - II
303 N William Kumpf Blvd, 2nd FL
Peoria, IL 61605

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.D. 848240 SM 5/16

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 5/31/2019
Lic Number 7003220

Date Printed 6/1/2018

Center for Health Ambulatory Surgery
303 N William Kumpf Blvd, 2nd FL
Peoria, IL 61605

FEE RECEIPT NO.

File Number

0195076-2



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

CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 25, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1911502216 verifiable until 04/25/2020
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of APRIL A.D. 2019 .***

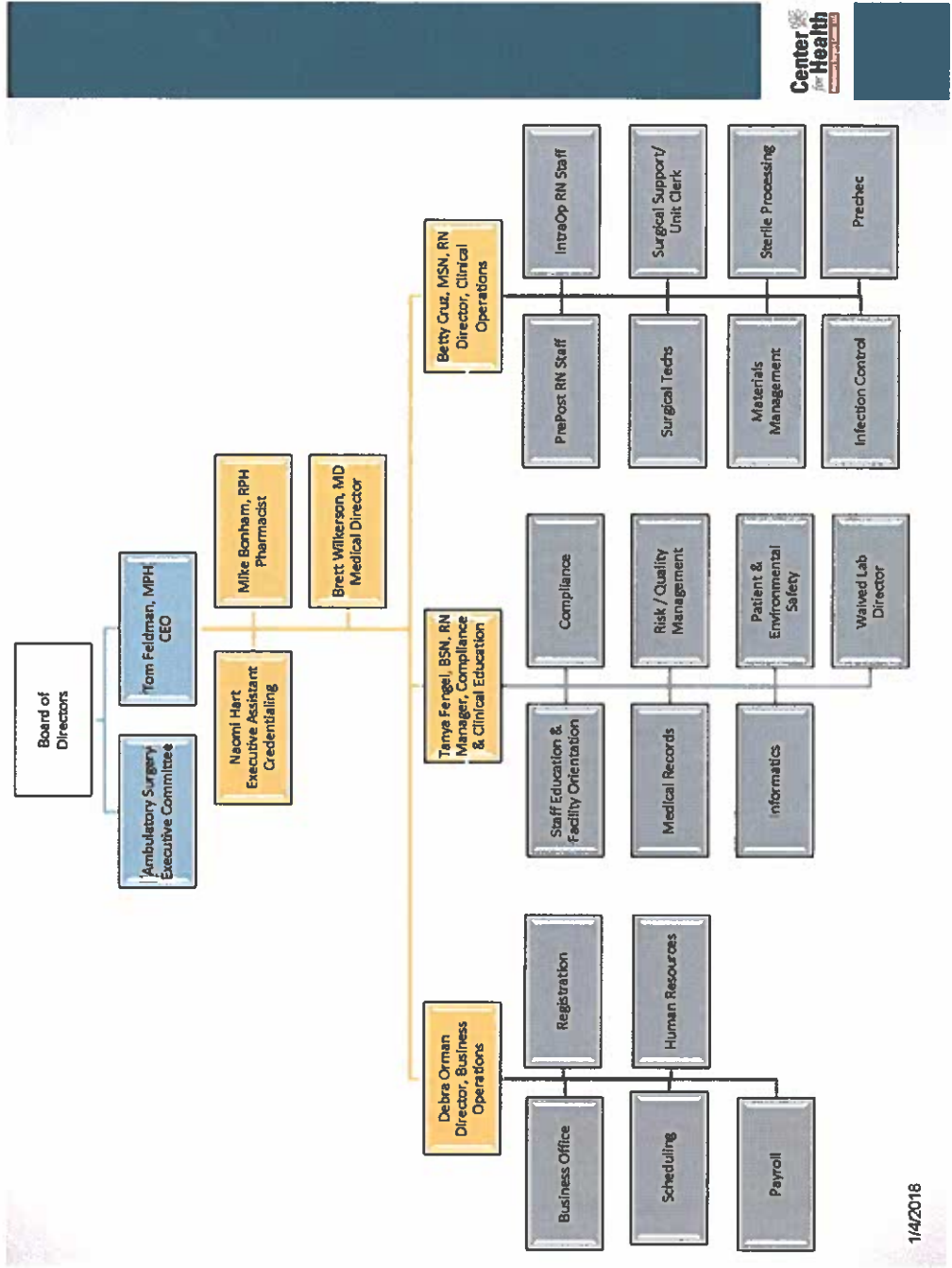
Jesse White

SECRETARY OF STATE

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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.



1/4/2018

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Flood Plain Requirements (Not Applicable; There is no related construction only a proposed change in service scope)

[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.

Flood Plain Requirements

This CON Permit Application proposes to substantially change the service scope of an existing ASTC located at 303 N. William Kumpf Blvd, Peoria, 61605 (Level 2). There is no construction involved and the subject building exists, hence the Flood Plain Requirements of Illinois Executive Order #2006-5 are not applicable to this permit application.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Historic Resources Preservation Act Requirements (Not Applicable; There is no related construction only a proposed change in service scope)

[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.

Historic Preservation Act

This CON Permit Application proposes to substantially change the service scope of an existing ASTC located at 303 N. William Kumpf Blvd, Peoria, 61605 (Level 2). There is no construction involved and the subject building exists, hence the Historic Resources Preservation Act requirements are not applicable to this specific CON Permit Application.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0.00	\$0.00	\$0.00
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages (Construction Loan) *			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0.00	\$0.00	\$0.00
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

There are no anticipated capitalized project costs; existing equipment will be re-distributed between the two licensed ASTC's.

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
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 17, 2021 *

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

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

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

* No later than this date pending normal scheduling of newly assigned procedures to ASTC-II; based on the fact there is no capitalized cost. Technically, the IHFSRB completion date is predicated on permit approval.

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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.**

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

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

Not Applicable as no construction is proposed.

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 1110L.110 (a) Applicant Background

1. Facilities (1110.110 (a) (1))

The applicant, Center for Health Ambulatory Surgery Center, LLC, is self-governed through a management agreement with OSF Healthcare System d/b/a Saint Francis Medical Center. The applicant manages and operates two (2) existing ASTC's in Peoria, Illinois. There are no other healthcare facilities currently owned or operated by the applicant. These two (2) ASTC facilities are:

<u>Facility</u>	<u>Address</u>	<u>License</u>
A. Ambulatory Treatment Center	8800 Route 91N Peoria, Illinois 61616	7003124
B. Ambulatory Treatment Center (II)	303 North William Kumpf Blvd. Peoria, Illinois 61605	7003220

Note: License and certification of Good Standing attached;
See also Attachment 3, herein

2. Facility Listing (1110.110 (a) (2))

Healthcare facilities owned and/or operated by the applicant are noted above (1110.110 (a) (1) and approximate a 10% ownership share.

Other owners are:

OSF Healthcare System d/b/a Saint Francis Medical Center	61%
Other individual physicians	29%

CON Permit Applications on file with the Illinois Health Facilities and Services Review Board list the healthcare facilities currently owned and operated by the OSF Healthcare System, in particular, recently approved CON Permit Applications #18-040 and #18-041.

Physicians with an ownership interest do not own and/or operate any other healthcare facilities with respect to this criterion (see associated attestation herein regarding, ownership, adverse actions, and information access).

3. Adverse Actions (1110.110 (a) (3) (a) (b) (c) (d) (e))


The applicant has included an attestation letter in regards to this criterion.

4. Access to Information (1110.110 (a) (4))

The applicant has included an attestation and authorization letter in regards to this criterion

5. Prior Application Information (1110.110 (a) (5))

Information is included herein and is on file with the IHFSRB pertaining to owned and operated facilities. Relevant reference are included in this respective CON permit application.



Illinois Department of PUBLIC HEALTH HF 117601

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Issued under the authority of the Illinois Department of Public Health
Director

EXPIRATION DATE	CATEGORY	LIC NUMBER
3/18/2020		7003124

Ambulatory Surgery Treatment Center

Effective: 03/19/2019

Center for Health Ambulatory Surgery Center, LLC
 8800 Route 91 North
 Peoria, IL 61615


The face of this license has a colored background. Printed by Authority of the State of Illinois • PO 419-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 3/18/2020
 Lic Number 7003124
 Date Printed 2/20/2019

Center for Health Ambulatory Surgery
 8800 Route 91 North
 Peoria, IL 61615

FEE RECEIPT NO.



Illinois Department of PUBLIC HEALTH HF116012

LICENSE PERMIT CERTIFICATION REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Public Health Act and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Issued under the authority of the Illinois Department of Public Health
Director

<small>EXPIRES</small> 5/31/2019	<small>APPLICANT</small>	<small>ISSUE NO.</small> 7003220
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Ambulatory Surgery Treatment Center

Effective: 08/01/2018

Center for Health Ambulatory Surgery Center - II
303 N William Kumpf Blvd, 2nd FL
Peoria, IL 61605

This face of this license has a colored background. Printed by Authority of the State of Illinois • P.C. 662-46.5-10 5/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 5/31/2019
 Lic Number 7003220

Date Printed 6/1/2018

Center for Health Ambulatory Surgery
 303 N William Kumpf Blvd, 2nd FL
 Peoria, IL 61605

FEE RECEIPT NO

File Number

0195076-2



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

CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 25, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1911502216 verifiable until 04/25/2020
Authenticate at <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of APRIL A.D. 2019 .

Jesse White

SECRETARY OF STATE

Center for Health Ambulatory Surgery Center, LLC

Peoria, IL

has been Accredited by

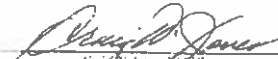


The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Ambulatory Health Care Accreditation Program

December 14, 2016

Accreditation is customarily valid for up to 36 months.


Craig R. Lutes, Esq.
Chair, Board of Commissioners

11) #457507
Print Report Date: 01/16/2017


Mark R. Chavez, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org



Center for Health


Ambulatory Surgery Center, LLC

Attachment 11 Attestation

I, Thomas J. Feldman, Chief Executive Officer, do hereby attest and certify to the best of my knowledge that:

- A. The Center for Health Ambulatory Surgery Center, LLC (CFH ASTC) and its respective physician owners do not own or operate any other healthcare facility as defined by the Illinois Health Facilities and Services Review Board.
- B. As defined by the Illinois Health Facilities and Services Review Board, there has been no adverse action taken against any facility owned and/or operating by the owner of CFH ASTC during the prior three years prior to the filing of this CON Permit.
- C. The Center for Health Ambulatory Surgery Center, LLC authorizes the HFSRB access to information to verify documentation or information submitted in response to Criteria (1110.110 (a) (2) (3) or to obtain any documentation the State Board or Agency finds pertinent to this application.

Attested by:



Thomas J. Feldman,
Chief Executive Officer
Center for Health Ambulatory Surgery Center, LLC

Notarization:

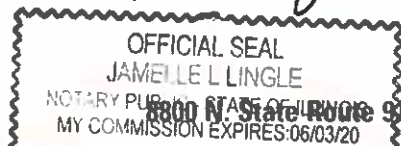
Subscribed and sworn to before me

this 13th day of May

Jamelle L. Lingle
Printed Name

Jamelle L. Lingle
Signature of Notary

Seal



-34-

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.

Project Purpose (Criterion 1110.110 (b) & (d))

Introduction

As described in the Narrative Description, herein, the Project Purpose is to assign or schedule, as may be required, currently approved services provided in ASTC-A (8800 North State Route 91, 61615) a multi-specialty ASTC, into ASTC-B (303 N. William Kumpf Blvd. 61605,) a single specialty (Orthopedics) ASTC. Once this CON permit application is approved, it will substantially change the service scope and function of ASTC-B and convert it into a multi-specialty ASTC. Each respective ASTC managed by the “Center for Health Ambulatory Surgery Center, LLC” will then become multi-specialty ASTC’s.

The over-arching purpose is to increase the overall operational efficiency by relieving over-utilization of ASTC-A and improve the utilization in ASTC-B.

There are no proposed increases in Operating Room (OR) capacity nor changes in clinical programs currently approved. The relevant geographic service or market area, as defined by current patient origin is not contemplated to change.

In summary, this CON Permit Application simply proposes to re-allocate current ASTC programs and utilization between the approved two respective ASTC’s in order to improve operational efficiency.

1. Healthcare Improvement (1110.110 (b) (d) (1))

In that the two (2) ASTC’s currently exist and have successfully provided services for several years, one can assume they have improved patients well-being. Thus, the applicant judges this criterion to be met.

2. Market Area (1110.110 (b) (d) (2))

The CY 2018 current market area is included as Attachment 12-1. This profile is based on the CY 2018 ASTC Questionnaire information, as submitted to IDPH.

Zip Codes which describe the total service area are profiled, in Attachment 12, Exhibit 1, as required by the applicable criterion. This profile indicates the applicant current provides ASTC procedures to residents in approximately 311 zip codes with 13 zip codes defining the primary GSA from which approximately 60.1% of its current 2018 patients reside based on case counts.

3. Existing Problem (1110.110 (b) (d) (3))

ASTC-A capacity is over-utilized and ASTC-B is underutilized as noted below.

<u>Data Point</u>	<u>ASTC Facilities (Specialty)*</u>		<u>Combined Total</u>
	<u>A. (Multi)</u>	<u>B. (Single)</u>	
Total Surgeries	8,082	451	8,533
Surgery Hours (Total)	11,416	844	12,260
Justified OR Rooms @ 1,500 hrs. / room	8	1	9
Available OR's	6	2	8
Excess / (Deficiency)	(2)	1	(1)

Redistribution / scheduling of approved ASTC clinical services between the two ASTC's will create operational efficiency; even so, based on Review Board utilization guidelines, an additional OR can be justified, but is not being proposed.

4. Documentation Source (1110.110 (b) (d) (4))

Requisite documentation is based on published ASTC utilization data as gathered by IDPH Questionnaires. These data sources are provided from the applicants internal resources.

5. Population Health Status (1110.110 (b) (d) (5))

Please reference Health Improvement response (1110.110 (b) (d) (1), above.

6. Goals (1110.110 (b) (d) (6))

The overarching goal is to manage current utilization between the two existing ASTC's. Once implemented, the respective utilization will be documented in the future ASTC filings as required by IDPH. Through assigning approved services between the two managed ASTC's, operational efficiency will improve.

Exhibit 24-2
 Geographic Service Area Definition
 2018 Admissions / Case Count Summary
 Center for Health Ambulatory Surgery Center, LLC

<u>Zip Code</u>	<u>Case Count</u>	<u>Percent Distribution %</u>	<u>City</u>	<u>County</u>
61614	543	---	Peoria Heights	Peoria
61611	507	---	East Peoria	Peoria
61550	496	---	Morton	Tazewell
61571	496	---	Washington	Tazewell
61554	489	---	Pekin	Tazewell
61604	450	---	West Peoria	Peoria
61615	429	---	Peoria	Peoria
61520	264	---	Canton	Fulton
61523	257	---	Chillicothe	Fulton
61607	253	---	Bartonville	Fulton
61548	245	---	Metamora	Woodford
61401	236	---	Galesburg	Knox
61525	<u>220</u>	---	Dunlap	Peoria
Subtotal 13 Zip Codes	<u>4,885</u>	60.1%		
Primary GSA				
Subtotal 18 Zip Codes	<u>1,473</u>	18.1%		
Secondary GSA				
Remaining 280 Zip Codes	<u>1,770</u>	<u>21.8%</u>		
Total 311 Zip Codes	<u>8,128</u>	<u>100%</u>		

See following detailed zip code profile

Zip Code	Case Count	Zip Code	Case Count
61614	543	61561	33
61611	507	61427	32
61550	496	61747	31
61571	496	61704	30
61554	489	61410	29
61604	450	61434	28
61615	429	61570	27
61520	264	61350	26
61523	257	61734	24
61607	253	61526	23
61548	245	61369	22
61401	236	61421	22
61525	220	61701	22
61603	134	61455	19
61605	114	61572	19
61517	113	61733	17
61536	89	61415	16
61610	87	61428	16
61443	79	61764	16
61547	79	61432	15
61568	79	61560	15
61559	78	61742	15
61528	76	61301	14
61530	70	61458	14
61531	70	61489	14
61529	65	61354	12
61546	61	61412	12
61616	61	61467	12
61540	56	61534	12
61533	55	61564	12
61542	55	61705	12
61755	52	61362	11
61606	49	61375	11
61537	48	61488	11
61448	47	61449	10
61483	45	61544	10
61535	39	61729	10
61364	36	61759	10
61569	36	61342	9
62644	36	61436	9
61356	34	61532	9
61491	34	61545	9
61565	34	61563	9
61761	34	61739	9
61462	33	61361	8

Zip Code	Case Count	Zip Code	Case Count
61430	8	61732	4
61441	8	61754	4
62656	8	62326	4
61345	7	62635	4
61368	7	60460	3
61423	7	61021	3
61459	7	61235	3
61472	7	61265	3
61473	7	61314	3
61477	7	61326	3
61484	7	61335	3
61612	7	61336	3
60420	6	61348	3
61322	6	61414	3
61341	6	61440	3
61379	6	61469	3
61501	6	61490	3
61727	6	61553	3
61738	6	61562	3
61745	6	61726	3
61748	6	61821	3
61231	5	61953	3
61327	5	62321	3
61376	5	62651	3
61422	5	62681	3
61431	5	32137	2
61485	5	53511	2
61602	5	60440	2
61611	5	60536	2
61725	5	61272	2
61752	5	61313	2
61760	5	61338	2
61771	5	61358	2
61853	5	61370	2
54936	4	61373	2
61201	4	61413	2
61234	4	61417	2
61244	4	61419	2
61254	4	61420	2
61319	4	61442	2
61516	4	61451	2
61519	4	61453	2
61524	4	61465	2
61567	4	61466	2
61721	4	61471	2

Zip Code	Case Count	Zip Code	Case Count
61539	2	60551	1
61543	2	60565	1
61552	2	60942	1
61601	2	60953	1
61652	2	60955	1
61736	2	60970	1
61744	2	61039	1
61801	2	61068	1
61802	2	61071	1
61820	2	61081	1
61842	2	61101	1
62330	2	61107	1
62420	2	61114	1
62501	2	61238	1
62526	2	61239	1
62633	2	61240	1
62650	2	61241	1
62682	2	61310	1
32258	1	61320	1
32459	1	61332	1
32541	1	61333	1
33983	1	61337	1
34108	1	61344	1
34134	1	61349	1
34748	1	61363	1
35051	1	61372	1
37128	1	61374	1
38801	1	61377	1
47944	1	61426	1
48801	1	61435	1
52001	1	61438	1
52241	1	61447	1
52601	1	61450	1
52807	1	61470	1
53217	1	61475	1
54822	1	61541	1
60021	1	61544	1
60126	1	61555	1
60139	1	61625	1
60435	1	61723	1
60449	1	61731	1
60450	1	61740	1
60464	1	61741	1
60490	1	61743	1
60518	1	61753	1

Zip Code	Case Count
61772	1
61775	1
61776	1
61778	1
61822	1
61824	1
61846	1
61913	1
61938	1
61951	1
62025	1
62246	1
62301	1
62319	1
62380	1
62521	1
62563	1
62568	1
62573	1
62613	1
62617	1
62618	1
62624	1
62640	1
62642	1
62675	1
62692	1
62702	1
62807	1
62814	1
63011	1
63303	1
63376	1
74137	1
76262	1
77062	1
78130	1
78246	1
78732	1
85367	1
91766	1
92024	1
	8,128

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.

Alternatives (1110.110 (b) & (d))

1.a Options (1110.110 (d) (1))

In this particular case, only one viable option was considered to alleviate the extreme over-utilization of ASTC-A and that was to utilize unused / excess procedural capacity in ASTC-B. Both respective ASTC's are managed by the Center for Health Ambulatory Surgery Center, LLC.

In essence, the Project proposes to redistribute existing ASTC services and utilization between the two existing ASTC's by establishing ASTC-B as a multi-specialty provider (Section 1110.235 (4) (C) (1) (B) (i) (1) and (C)).

No new services are requested nor is an increase in procedural capacity.

1.b Alternate Options (1110.110 (d) (1) (A) (B) (C) (C))

Only one (1) option was considered reasonable given that procedural capacity is available within ASTC-B to schedule the range of ASTC services under consideration; thereby, alleviating the demonstrable over-utilization evident in ASTC-A. Through rescheduling approved services provided in ASTC-A to ASTC-B, a multi-specialty will, by definition, be created / established.

This option was chosen based on its ability to:

- a. Utilize existing procedural capacity.
- b. Provide the lowest cost alternative.
- c. Improve operational efficiency across the two (2) ASTC's under the Center for Health Ambulatory Surgery Center, LLC.

2. Option Comparison (1110.110 (d) (2))

This criterion was judged to be not applicable given only one (1) option was considered to utilize excess procedural capacity.

3. Quality of Care (1110.110 (d) (3))

The applicant believes care will be enhanced through decompressing ASTC-A's facility over-utilization.

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 Size (1110.120 (a) (1) (2))

1. There is no proposed change in physical space as a result of this project. Hence, the criterion was judged “Not Applicable”.
2. Given there is no proposed physical change in either ASTC-A or ASTC-B, this criterion is judged “Not Applicable” with respect to this particular CON Permit Application. Hence, Criterion 1110.120 (2) (a) (b) (c) (d) is considered to have met the “State Standard”.

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.

Please reference the following table which profiles current utilization which meets State Standards. No projections were developed in that the current and anticipated future utilization will continue to meet and exceed state standards (see also the narrative and Attachment 12).

Project Services Utilization (1110.120 (b) (1) (2) (3) (4))

This Project is based on redistributing current utilization between two (2) existing ASTC’s owned, governed, and managed by “Center for Health Ambulatory Surgery Center, LLC”. The combined utilization meets and exceeds current State Standards.

<u>ASTC Service</u>	<u>Surgeries</u>			<u>Surgery Hours</u>		
	<u>ASTC-A</u>	<u>ASTC-B</u>	<u>Combined Total</u>	<u>ASTC-A</u>	<u>ASTC-B</u>	<u>Combined Total</u>
General	780	--	780	2,303	--	2,303
OB/Gyn	142	--	142	284	--	284
Ophthalmology	4,334	--	4,334	3,950	--	3,950
Orthopaedic	958	451	1,409	2,008	844	2,852
Otolaryngology	948	--	948	1,383	--	1,383
Pain Management	24	--	24	75	--	75
Plastic Surgery	493	--	493	821	--	821
Podiatry	128	--	128	316	--	316
Urology	<u>275</u>	<u>--</u>	<u>275</u>	<u>276</u>	<u>--</u>	<u>276</u>
Total	<u>8,082</u>	<u>451</u>	<u>8,533</u>	<u>11,416</u>	<u>844</u>	<u>12,260</u>

Source: Published 2017 ASTC Questionnaire Data, IDPH, Health Systems Development

<u>ASTC</u>	<u>Facility</u>	<u>License #</u>	<u>Type</u>
A.	Ambulatory Surgery Treatment Center (Known as the Center for Health Ambulatory Surgery Center, LLC)	7003124	Multi-Specialty
B	Ambulatory Surgery Treatment Center (II) (Formerly the Musculoskeletal Surgery Center, LLC; d/b/a Great Plains LLC prior to approval of COE permit #E-002-18)	7003220	Single Specialty

Thus, the current utilization justifies 8 operating rooms, and 8 will remain available as a result of this Permit Application which does not propose expansion.

UTILIZATION							
YEAR	DEPT/ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STD	PROJECTED OR'S	AVAIL ABLE OR'S	MET STAND ARD
2017	ASTC	8,533 Surgery 12,260 Hours	No Change	1,500 hrs/OR	9	8	YES

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.

Unfinished Shelled Space (1110.120 (d))

This Project proposes to utilize existing space. There is no associated construction. Thus, this criterion is judged to be “Not Applicable”.

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.

Assurances (1110.120 (d) (e))

Reference Exhibit 16/17 – 1

Center for Health

Ambulatory Surgery Center, LLC

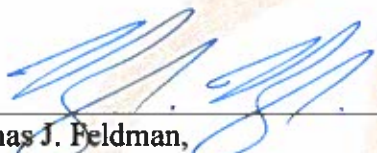
Attachment 16 and Attachment 17

Assurances Attestation Letter

I, Thomas J. Feldman, Chief Executive Officer, Center for Health Ambulatory Surgery Center, LLC, which manages the two (2) licensed ASTC's at 8800 North Route 91, Peoria, Illinois, 61615 and 303 North William Kumpf Blvd., do attest and certify that:

- A. The current utilization of the two subject ASTC's, when combined, currently meets the utilization standards in Section 1110.120 Appendix B.
- B. The current utilization of the two subject ASTC's, when combined, justifies 9 Procedure / OR's and 8 are available. Hence, the State Standard is currently met. As a result, no procedural capacity is proposed.
- C. There is no construction contemplated as a result of this permit application. Hence, there is no shelled space subject to this criterion.

Attested by:


Thomas J. Feldman,
Chief Executive Officer
Center for Health Ambulatory Surgery Center, LLC

Notarization:

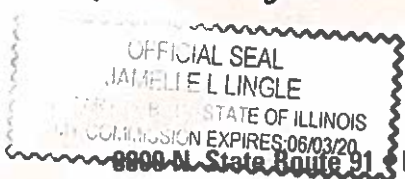
Subscribed and sworn to before me

this 13th day of May

Janelle L. Lingle
Printed Name

Janelle L. Lingle
Signature of Notary

Seal



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SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

G. Non-Hospital Based Ambulatory Surgery

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

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
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.

Section V Service Specific Review Criteria

G. Non-Hospital Based Ambulatory Surgery (ASTC) (Section 1110.235)

Introduction / Re-stated Purpose

This permit application proposes to assign, or schedule, approved ASTC clinical services from an existing multi-specialty ASTC, located at 8800 North State Route 91, 61615, (ASTC-A) to an existing single-specialty (orthopaedics) ASTC located at 303 North William Kumpf Blvd. (2nd Floor), 61605 (ASTC-B) to establish / create a multi-specialty ASTC through a service expansion. These two (2) separately licensed ASTC's #'s 7003124 and 7003220, respectively, are managed by the "Center for Health Ambulatory Surgery Center, LLC (the applicant), as documented herein See also, Attestation 24-1).

Recognition / Verification (Section 1110.235 (b) (2) (B) (i))

Exhibit 24-1, provides documentation the respective ASTC's were licensed, prior to January 1, 2014 and the ASTC clinical services under consideration for services expansion through assigned / scheduling changes at ASTC-B were provided at ASTC-A. (Source: Published Ambulatory Surgical Treatment Center Questionnaire for 2012, IDPH, Health Systems Development)

Applicable Review Criteria (Section 1110.235 (c) (1) (B) (ii))

A permit is required for ... "the addition or establishment of a new ASTC service at an existing non-hospital based ASTC".

This permit application proposes to re-allocate or assign currently approved services from a multi-specialty ASTC (ASTC-A) to a single specialty ASTC (ASTC-B), thereby "establishing" the new services and creating a second multi-specialty ASTC, by definition, under the management of Center for Health Ambulatory Surgery Center, LLC.

There are no increases or expansions proposed in the number of approved surgical procedure rooms (OR's) at ASTC-B and there is no associated capitalized project cost will, in that there is no associated construction. In addition, there is no other capitalized project cost.

The proposed Project is solely an operational change to reduce over-utilization of ASTC-A by utilizing under-used procedural capacity in ASTC-B.

Project Type (Section 1110.235 (c) (C))

By definition, the proposed Project will “Establish ... an additional ASTC service” at ASTC-B. The current single orthopaedic service, as approved for this single specialty ASTC-B, will be expanded to include eight (8) additional clinical / procedural services currently approved at ASTC-A through solely an operational change as to where currently approved ASTC services are provided.

Hence, the required review criteria will be those associated “with establishment”.

Required Review Criteria

Geographic Service Area Need (Section 1110.235 (C) (2))

Service to GSA Residents (Section 1110.235 (C) (2) (A) (B) (i) & (ii))

A) Formula Calculation (77 ILL Adm Code 1100)

No formula need determinations have been developed for ASTC’s. Need, as related to this specific project, is based on currently approved ASTC services and their respective utilization as documented by historical and current data, published by, and on file with, the Illinois Department of Public Health, Health Systems Development. (See Attachment 12 and Exhibit 24-2)

B) Service to GSA Residents (B) (i) (ii)

Exhibit 24-2 summarizes and profiles existing patient origin, and frequency, by zip code, documenting those currently using approved ASTC services are residents of the GSA, as defined.

Zip Codes which describe the total service area as profiled, in Attachment 24, Exhibit 2, are required by the applicable criterion. This profile indicates the applicant currently provides ASTC procedures to residents in approximately 311 zip codes with 13 zip codes defining the primary GSA from which approximately 60.1% of its current 2018 patients reside, based on case counts.

Service Demand (Section 1110.235 (C) (3) (A) (B) (C))

A) Historical Referrals

This project proposes an operational change based on assigning or scheduling current services and utilization from ASTC-A to ASTC-B predicted solely on an operational / scheduling change. Hence, there will be no physician referral impacts on "... existing IDPH-licensed ASTC's of hospitals located in the GSA during the 12 month period prior to submission of the application".

Given the project is operational in nature, and no new services, in aggregate, are proposed, the applicant considers the requested referral letters to be redundant, in this specific instance. (See also Attestation 24-1)

B) Projected Service Demand (B) (i) (ii)

Similar to the foregoing Historical Referrals narrative, the proposed project redistributes current utilization and approved ASTC services between two ASTC's managed and operated by, a single legal entity, Center for Health Ambulatory Surgery Center, LLC. Thus, the proposed project does not rely on increased physician referrals nor market / GSA utilization projections.

C) Rapid Population Growth

The applicant judges this criteria to be not applicable based on the fact the proposed Project relies solely on existing utilization, by ASTC service, and is operational in nature.

Existing ASTC Service Demand / Expansion (Section 1110.235 (c) (4))

No new construction or expansion is proposed. The high / excessive utilization of ASTC-A will be somewhat mitigated by scheduling ASTC surgical procedures at underutilized ASTC-B which has excess capacity, as documented herein.

As documented within this permit application, the Applicant can justify an expansion for additional procedural capacity even after existing utilization is reallocated between the two (2) subject ASTC's. However, no expansion is requested, as part of this submittal.

Treatment Room Need Assessment (Section 1110.235 (c) (5) (A) & (B))

The applicable analysis follows:

<u>Data Point</u>	<u>ASTC Facilities (Specialty)*</u>		<u>Combined Total</u>
	<u>A. (Multi)</u>	<u>B. (Single)</u>	
Total Surgeries	8,082	451	8,533
Surgery Hours (Total)	11,416	844	12,260
Justified OR Rooms @ 1,500 hrs. / room	8	1	9
Available OR's	6	2	8
Excess / (Deficiency)	(2)	1	(1)

* Source: Published 2017 ASTC Data (IDPH)

Service Accessibility (Section 1110.235 (c) (6))

The ASTC services proposed to be “established” at ASTC-B are based solely on redistributing current services, and their respective utilization, from ASTC-A to ASTC-B, to partially alleviate current excess utilization, based on State Agency criterion.

Thus, the project does not intend to improve market-based access, as outlined in the criterion, but to improve operational access to better accommodate patient and physician preferences through managing existing utilization / demand.

Unnecessary Duplication / Maldistribution (Section 1110.235 (c) (7) (A) (B))

Given the two (2) respective ASTC's have been operational for several years; and, based on the fact the permit application proposes to reallocate approved ASTC services / utilization from ASTC-A to ASTC-B, with no change in procedural capacity. There is no resulting duplication or maldistribution within the defined GSA / Market.

Area Provider Impact (Section 1110.235 (c) (7) (C))

This proposed project proposes to allocate or re-distribute currently approved services between the two existing Peoria based licensed ASTC's.

As a result, the proposed project will have no impact on other area providers nor lower their respective utilization.

Staffing (Section 1110.235 (c) (8))

Center for Health Ambulatory Surgery Center, LLC manages and operates the two (2) respective ASTC's pertinent to this permit application. The proposed project will re-allocate approved services and utilization between the existing licensed ASTC's. Thus, necessary staffing is currently available. In addition, the applicant has readily filled any posted / required positions. (See Attestation Letter 24-2)

Charge Commitment (Section 1110.235 (c) (9))

Appendix A profiles current charges which will apply post completion of the associated CON approval. (See also Attestation Letter 24-2)

Assurances (Section 1110.235 (c) (10) (A) & (B))

Assurance Letter 24-2 provides the required assurance letter.

AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2012 CENTER FOR HEALTH AMBULATORY SURGERY PEORIA

Reference Numbers	Facility Id 7003124	Number of Operating Rooms	6
Health Service Area 002	Planning Service Area 143	Procedure Rooms	0
CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC		Exam Rooms	0
8800 NORTH STATE ROUTE 91		Number of Recovery Stations Stage 1	7
PEORIA, IL 61615		Number of Recovery Stations Stage 2	17
Administrator	Date Complete	Type of Ownership	
Thomas J Feldman	2/18/2013	Limited Liability Company (RA required)	

Registered Agent
Stephen T Moore
Property Owner
OSF SFMC

Legal Owner(s)
Peoria Surgical Group, Ltd
OSF SFMC
Midwest Orthopaedic Center
Midwest Ear Nose & Throat
Illinois Eye Center

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF Saint Francis Medical Center, Peoria, IL	7
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	3.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	25.00
Certified Aides	0.00
Other Health Profs	14.00
Other Non-Health Profs	17.00
TOTAL	60.00

DAYS AND HOURS OF OPERATION

Monday	9
Tuesday	8
Wednesday	9
Thursday	8
Friday	9
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	307	269	576
15-44 years	558	591	1,149
45-64 years	918	1,285	2,203
65-74 years	732	1,028	1,758
75+ years	599	725	1,324
TOTAL	3,114	3,896	7,010

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	74	132	206
Medicare	1,284	1,799	3,083
Other Public	70	45	115
Insurance	1,662	1,864	3,526
Private Pay	12	38	50
Charity Care	12	18	30
TOTAL	3,114	3,896	7,010

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.2%	0.3%	1.3%	80.0%	0.1%	100.0%	50,337	0%
3,687,866	58,717	265,086	16,191,449	25,862	20,226,980		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	551	161.00	255.00	416.00	0.75
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	119	18.00	66.00	84.00	0.71
Ophthalmology	3151	627.00	679.00	1306.00	0.41
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1431	431.00	727.00	1158.00	0.81
Otolaryngology	651	144.00	337.00	481.00	0.74
Pain Management	21	5.00	5.00	10.00	0.48
Plastic	570	69.00	107.00	196.00	0.34
Podiatry	172	40.00	46.00	86.00	0.50
Thoracic	0	0.00	0.00	0.00	0.00
Urology	344	64.00	90.00	154.00	0.45
TOTAL	7010	1,579.00	2,312.00	3,891.00	0.56

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

AMBULATORY SURGICAL TREATMENT CENTER PROFILE-2012 MUSCULOSKELETAL SURGERY CENTER, LLC PEORIA

Reference Numbers Facility Id 7003148 Number of Operating Rooms 2
 Health Service Area 002 Planning Service Area 143 Procedure Rooms 0
 MUSCULOSKELETAL SURGERY CENTER, LLC Exam Rooms 2
 303 N WM KUMPF BOULEVARD Number of Recovery Stations Stage 1 3
 PEORIA, IL 61605 Number of Recovery Stations Stage 2 3
 Administrator Date Complete
 Janet E Smith 2/12/2013
 Type of Ownership
 Limited Liability Company (RA required)

Registered Agent
 Davis and Campbell
 Property Owner
 N/A

Legal Owner(s)
 Steven K Below, MD
 Stephen R Orlevitch, MD
 Pierre Capecci, MD
 Mark R Phillips, MD
 Jeffrey R Garst, MD
 James W Maxey, MD
 Brian Ted Maurer
 *Ronald E Palmer

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
OSF St. Francis Medical Center	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	3.00
Nurse Anesthetists	0.00
Director of Nurses	1.00
Registered Nurses	4.00
Certified Aides	0.00
Other Health Profs.	4.00
Other Non-Health Profs	1.00
TOTAL	14.00

DAYS AND HOURS OF OPERATION

Monday	0
Tuesday	0
Wednesday	0
Thursday	0
Friday	0
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14 years	18	16	34
15-44 years	188	88	277
45-64 years	373	247	620
65-74 years	74	68	142
75+ years	22	29	51
TOTAL	676	448	1,124

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	22	40	62
Medicare	91	108	199
Other Public	0	0	0
Insurance	552	295	847
Private Pay	2	1	3
Charity Care	9	4	13
TOTAL	676	448	1,124

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
2.8%	0.0%	0.0%	97.3%	0.1%	100.0%		
103,259	0	0	3,832,073	4,251	3,939,583	109,693	3%

Source: Ambulatory Surgical Treatment Center Questionnaire for 2012, Illinois Department of Public Health, Health Systems Development
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1/7/2014

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY TIME (HOURS)	SURGERY PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	1124	1076.50	538.20	1614.70	1.44
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00	0.00
TOTAL	1124	1076.50	538.20	1614.70	1.44

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP AND CLEAN-UP TIME (HOURS)	TOTAL SURGERY TIME (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterization	0	0	0	0	0	0.00
Gastro-intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

Exhibit 24-2
 Geographic Service Area Definition
 2018 Admissions / Case Count Summary
 Center for Health Ambulatory Surgery Center, LLC

<u>Zip Code</u>	<u>Case Count</u>	<u>Percent Distribution %</u>	<u>City</u>	<u>County</u>
61614	543	---	Peoria Heights	Peoria
61611	507	---	East Peoria	Peoria
61550	496	---	Morton	Tazewell
61571	496	---	Washington	Tazewell
61554	489	---	Pekin	Tazewell
61604	450	---	West Peoria	Peoria
61615	429	---	Peoria	Peoria
61520	264	---	Canton	Fulton
61523	257	---	Chillicothe	Fulton
61607	253	---	Bartonville	Fulton
61548	245	---	Metamora	Woodford
61401	236	---	Galesburg	Knox
61525	<u>220</u>	---	Dunlap	Peoria
Subtotal 13 Zip Codes	<u>4,885</u>	60.1%		
Primary GSA				
Subtotal 18 Zip Codes	<u>1,473</u>	18.1%		
Secondary GSA				
Remaining 280 Zip Codes	<u>1,770</u>	<u>21.8%</u>		
Total 311 Zip Codes	<u>8,128</u>	<u>100%</u>		

See following detailed zip code profile

Zip Code	Case Count	Zip Code	Case Count
61614	543	61561	33
61611	507	61427	32
61550	496	61747	31
61571	496	61704	30
61554	489	61410	29
61604	450	61434	28
61615	429	61570	27
61520	264	61350	26
61523	257	61734	24
61607	253	61526	23
61548	245	61369	22
61401	236	61421	22
61525	220	61701	22
61603	134	61455	19
61605	114	61572	19
61517	113	61733	17
61536	89	61415	16
61610	87	61428	16
61443	79	61764	16
61547	79	61432	15
61568	79	61560	15
61559	78	61742	15
61528	76	61301	14
61530	70	61458	14
61531	70	61489	14
61529	65	61354	12
61546	61	61412	12
61616	61	61467	12
61540	56	61534	12
61533	55	61564	12
61542	55	61705	12
61755	52	61362	11
61606	49	61375	11
61537	48	61488	11
61448	47	61449	10
61483	45	61544	10
61535	39	61729	10
61364	36	61759	10
61569	36	61342	9
62644	36	61436	9
61356	34	61532	9
61491	34	61545	9
61565	34	61563	9
61761	34	61739	9
61462	33	61361	8

Zip Code	Case Count	Zip Code	Case Count
61430	8	61732	4
61441	8	61754	4
62656	8	62326	4
61345	7	62635	4
61368	7	60460	3
61423	7	61021	3
61459	7	61235	3
61472	7	61265	3
61473	7	61314	3
61477	7	61326	3
61484	7	61335	3
61612	7	61336	3
60420	6	61348	3
61322	6	61414	3
61341	6	61440	3
61379	6	61469	3
61501	6	61490	3
61727	6	61553	3
61738	6	61562	3
61745	6	61726	3
61748	6	61821	3
61231	5	61953	3
61327	5	62321	3
61376	5	62651	3
61422	5	62681	3
61431	5	32137	2
61485	5	53511	2
61602	5	60440	2
61611	5	60536	2
61725	5	61272	2
61752	5	61313	2
61760	5	61338	2
61771	5	61358	2
61853	5	61370	2
54936	4	61373	2
61201	4	61413	2
61234	4	61417	2
61244	4	61419	2
61254	4	61420	2
61319	4	61442	2
61516	4	61451	2
61519	4	61453	2
61524	4	61465	2
61567	4	61466	2
61721	4	61471	2

Zip Code	Case Count	Zip Code	Case Count
61539	2	60551	1
61543	2	60565	1
61552	2	60942	1
61601	2	60953	1
61652	2	60955	1
61736	2	60970	1
61744	2	61039	1
61801	2	61068	1
61802	2	61071	1
61820	2	61081	1
61842	2	61101	1
62330	2	61107	1
62420	2	61114	1
62501	2	61238	1
62526	2	61239	1
62633	2	61240	1
62650	2	61241	1
62682	2	61310	1
32258	1	61320	1
32459	1	61332	1
32541	1	61333	1
33983	1	61337	1
34108	1	61344	1
34134	1	61349	1
34748	1	61363	1
35051	1	61372	1
37128	1	61374	1
38801	1	61377	1
47944	1	61426	1
48801	1	61435	1
52001	1	61438	1
52241	1	61447	1
52601	1	61450	1
52807	1	61470	1
53217	1	61475	1
54822	1	61541	1
60021	1	61544	1
60126	1	61555	1
60139	1	61625	1
60435	1	61723	1
60449	1	61731	1
60450	1	61740	1
60464	1	61741	1
60490	1	61743	1
60518	1	61753	1

Zip Code	Case Count
61772	1
61775	1
61776	1
61778	1
61822	1
61824	1
61846	1
61913	1
61938	1
61951	1
62025	1
62246	1
62301	1
62319	1
62380	1
62521	1
62563	1
62568	1
62573	1
62613	1
62617	1
62618	1
62624	1
62640	1
62642	1
62675	1
62692	1
62702	1
62807	1
62814	1
63011	1
63303	1
63376	1
74137	1
76262	1
77062	1
78130	1
78246	1
78732	1
85367	1
91766	1
92024	1

8.128

Center for Health


Ambulatory Surgery Center, LLC

Attestation for Attachment 24

Management Responsibility Attestation 24-1

I, Thomas J. Feldman, Chief Executive Officer, do hereby attest to the fact that irrespective of the Center for Health Ambulatory Surgery Center, LLC ownership structure, and the two licensed Peoria based non-hospital based Ambulatory Surgery Centers (ASTC's) under its management and operation; specifically, the multi-specialty ASTC License #7003124, 8800 Route 91 North, Peoria, Illinois 61615 and the single-specialty ASTC-II, License #7003220, 303 N William Kumpf Blvd., Peoria, Illinois 61605, case / procedure scheduling between the two respective ASTC's is solely within managements authority and responsibility as delegated by the ownership.

Attested by:


Thomas J. Feldman,
Chief Executive Officer
Center for Health Ambulatory Surgery Center, LLC

Notarization:

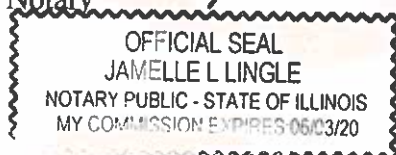
Subscribed and sworn to before me

this 13th day of May

Jamelle L. Lingle
Printed Name

Jamelle L. Lingle
Signature of Notary

Seal



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Center for Health

Ambulatory Surgery Center, LLC

Attachment 24

Assurances Attestation Letter 24-2

I, Thomas J. Feldman, Chief Executive Officer, Center for Health Ambulatory Surgery Center, LLC (“CHASC”), do attest and certify to the following assurances that:

- A. Staffing is available to implement the proposed ASTC service re-allocations between the two (2) ASTC’s managed by “CHASC”.
- B. There will be no changes in the charge structure, excepting regular changes in the applicable Medicare and/or Medicaid fee schedule.
- C. Our established quality improvement plan and peer review program are currently utilized at both respective ASTC’s. We will continue to monitor professional quality and patient outcomes consistent with generally accepted standards, as applicable, and initiate improvement when necessary.
- D. Current utilization documents utilization guidelines specified in 77 Ill Code 1100 are currently, and will be in the future, irrespective of this Project.

Attested by:



Thomas J. Feldman,
Chief Executive Officer
Center for Health Ambulatory Surgery Center, LLC

Notarization:

Subscribed and sworn to before me

this 13th day of May

Janelle L. Lingle
Printed Name

Janelle L. Lingle
Signature of Notary

Seal



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Attachment 24

Charge Master

Please reference Appendix A for Charge Master

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 (There are no proposed capitalized project costs)

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]:

<u>NA</u>	<ol style="list-style-type: none"> 1. Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 2. the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and <ol style="list-style-type: none"> 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;
<u>NA</u>	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.
<u>NA</u>	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>NA</u>	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: <ol style="list-style-type: none"> 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

<u>NA</u>	accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>NA</u>	
<u>NA</u>	
*	TOTAL FUNDS AVAILABLE

* No capitalized project costs are proposed

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.

Not Applicable; there are no proposed capitalized project costs.

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:	NA	NA	NA	NA
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

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

Not Applicable; there are no proposed capitalized project costs.

SECTION VIII.1120.140 – ECONOMIC FEASIBILITY

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

4. Reasonableness of Financing Arrangements (Not Applicable)

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:

5. 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:
6. 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
7. 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.

8. Conditions of Debt Financing (Not Applicable)

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:

9. 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.

10. Reasonableness of Project and Related Costs (Not Applicable)

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs (TBD)

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 (TBD)

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.

* Not Applicable; There is no proposed construction due to this proposed project

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]:

11. 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.
12. 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.
13. 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:

14. 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.
15. 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.
16. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

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

Safety Net Impact Statement

17. The Project proposes to maintain existing and approved ASTC services and reallocate or assign / schedule them between the two licensed Peoria-based ASTC's which are managed by the applicant. There will be no financial policy changes as a result, hence, no material impact on essential safety net services is anticipated due to this permit application, once approved.
18. Given the Projects' intent to optimize the use of available resources, and there is no proposed procedural expansion, there will be no impact on other providers as a result of this operational change which, by definition, creates a multi-specialty ASTC.
19. No discontinuation is proposed.

Safety Net Information per PA 96-0031					
CHARITY CARE					
Charity (# of patients)	2014	2015	2016	2017	2018
Inpatient	X	X	x	X	x
Outpatient	17	4	23	15	8
Total	17	7	23	15	8
Charity (cost In dollars)	2014	2015	2016	2017	2018
Inpatient	X	X	X	X	X
Outpatient	107,440	35,060	27,620	97,775	57,705
Total	107,440	35,060	27,620	97,775	57,705
MEDICAID					
Medicaid (# of patients)	2014	2015	2016	2017	2018
Inpatient	X	X	X	X	X
Outpatient	250	134	81	239	131
Total	250	134	81	239	131
Medicaid (revenue)	2014	2015	2016	2017	2018
Inpatient	X	X	X	X	X
Outpatient	510,552	182,324	176,208	396,133	122,841
Total	510,552	182,324	176,208	396,133	122,841

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20©].

- 20. 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.
- 21. 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.
- 22. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

CHARITY CARE *			
	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.

* Consolidated; ASTC-A and ASTC-B, see following page

** AHQ Questionnaire Submittals

CHARITY CARE *				
	2015	2016	2017	2018
Net Patient Revenue	25,446,863	26,600,447	23,384,863	23,958,534
Amount of Charity Care (charges)	60,505	217,495	97,775	57,705
Cost of Charity Care	35,060	27,620	24,396	13,571

Appendix A
Page 84 to 129

Center for Health Ambulatory Surgery Center, LLC
Appendix A - Charge Master

Code	Description	Abbrev	Std Fee	Mod I
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	FINE NEEDLE /	1,200.00	
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	FINE NEEDLE /	1,800.00	
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR RE ACNE SURGER		1,200.00	
10060	DRAIN SKIN ABCESS	DRAIN SKIN A	1,500.00	
10061	DRAIN SKIN ABCESS COMP	DRAIN SKIN A	1,500.00	
10080	DRAIN PILONIDAL CYST	10080 DRAI	1,200.00	
10081	INCISION AND DRAINAGE OF PILONIDAL CYST COMPLICAT	INCISION AND	2,300.00	
10120	REMOVE FB-SIMP	10120 REMO	1,500.00	
10121	REMOVE FB-COMPLEX	INCISION AND	2,470.00	
10140	DRAIN HEMATOMA/FLUID	DRAIN HEMAI	2,300.00	
10160	PUNCT ASPIRATION-CYST	10160 PUNC	1,200.00	
10180	DRAIN POSTOP WOUND-CMP	INCISION AND	2,810.00	
11000	DEBRIDE INFECTED SKIN	11000 DEBR	1,200.00	
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED	DEBRIDEMEN	1,200.00	
11010	DEBRIDE W/FB REMOV	DEBRIDEMEN	1,800.00	
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATER	DEBRIDEMEN	1,800.00	
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATER	DEBRIDEMEN	1,800.00	
11040	DEBRIDEMENT SKIN PARTIAL THICKNESS	DEBRIDEMEN	1,200.00	
11041	DEBRIDE SKN FULL THICKNESS	DEBRIDE SKIN	1,200.00	
11042	DEBRIDE SKIN AND SUBCU TISSUE	DEBRIDEMEN	2,330.00	
11043	DEBRIDE SKIN AND SUBCU TISSUE MUSCLE	DEB SKIN ANC	2,330.00	
11044	DEBRIDE SKIN TISSUE MUSCLE BONE	DEBRIDE SKIN	2,330.00	
11045	DEBRIDEMENT SUBCU TISSUE EACH ADDITIONAL 20 SQ CM	DEBRIDEMEN	2,330.00	
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDE	DEBRIDEMEN	1,200.00	
11055	PARING BEN HYPERKER LESION 1	PARING BEN H	1,200.00	
11056	PARING BEN HYPR 2-4 LESIONS	PARING BEN H	1,200.00	
11057	PARING BEN HYPERK 4+ LESIONS	PARING BEN H	1,200.00	
11100	BIOPSY OF SKIN LESION	BIOPSY OF SKI	1,500.00	
11101	BIOPSY OF SKIN LESION-EA ADD	11101 BIOP	1,200.00	
11200	REMOV OF SKIN TAGS < 16	REMOV OF SK	1,500.00	
11201	REMOVAL SKIN TAGS ADD-ON	11201 REMO	1,200.00	
11300	SHAVING EPIDERMAL DERMAL LESIONS SINGLE TRUNK AR	SHAVING EPID	1,200.00	
11301	SHAVING EPIDERMAL OR DERMAL LESION SINGLE LESION	SHAVING OF E	1,200.00	
11302	SHAVING EPIDERMAL OR DERMAL LESION SINGLE LESION	SHAVING OF E	1,200.00	
11303	SHAVING EPIDERMAL OR DERMAL LESION SINGLE LESION	SHAVING OF E	1,200.00	
11305	SHAVING EPIDERMAL DERMAL LESION SINGLE SCALP NEC	SHAVING EPID	1,200.00	
11306	SHAVING EPIDERMAL OR DERMAL LESION SINGLE LESION	SHAVING OF E	1,200.00	
11307	SHAVING EPIDERMAL DERMAL LESION SINGLE SCALP NEC	SHAING EPIDE	1,200.00	
11308	SHAVING EPIDERMAL OR DERMAL LESION SINGLE LESION	SHAVING OF E	1,200.00	
11310	SHAVING EPIDERMAL DERMAL LESION SINGLE FACE EARS	SHAVING EPID	1,200.00	
11311	SHAVING DERMAL LESION 0.6-1.0CM	SHAVING DER	1,200.00	
11312	SHAVING OF EPIDERM DERMAL LESION SINGLE FACE EAR	SHAVE EPIDEF	1,200.00	
11313	SHAVING OF EPIDERMAL/DERMAL LESION SINGLE FACE E	SHAVING OF E	1,200.00	
11400	REM BN SKN LES <=.5CM	REM BN SKN L	1,800.00	
11401	REM BN SKN LES .6-1CM	REM BN SKN L	1,800.00	
11402	REM BN SKN LES 1.1-2CM	11402 REM	2,100.00	
11403	REM BN SKN LES 2.1-3CM	11403 REM	2,470.00	
11404	REM BN SKN LES 3.1-4CM	EXCISION, BEN	2,470.00	

11406	REM BN SKN LES >4CM	EXCISION, BEN	2,470.00
11420	REM BN SKN LES <= .5CM	11420 REM BN	2,470.00
11421	REM BN SKN LES .6-1CM	11421 REM	2,100.00
11422	REM BN SKN LES 1.1-2CM	11422 REM	2,100.00
11423	REM BN SKN LES 2.1-3CM	11423 REM	2,470.00
11424	REM BN SKN LES 3.1-4CM	EXCISION, BEN	2,470.00
11426	REM BN SKN LES >4CM	EXCISION, BEN	2,340.00
11440	REM BN SKN LES <=.5CM	REM BN SKN L	2,200.00
11441	REM BN SKN LES .6-1CM	11441 REM	2,100.00
11442	REM BN SKN LES 1.1-2CM	11442 REM	2,100.00
11443	REM BN SKN LES 2.1-3CM	REM BN SKN L	1,800.00
11444	REM BN SKN LES 3.1-4CM	EXCISION, OTH	1,800.00
11446	REM BN SKN LES >4CM	EXCISION, OTH	3,240.00
11450	EXCISION OF SKIN SUBCU TISSUE FOR HIDRADENITIS AXIL	EXCISION OF S	3,240.00
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDR	EXCISION OF S	3,240.00
11462	EXCICISON SKIN SUBCU TISSUE FOR HIDRADENITIS INGUIN	EXCISION OF S	3,240.00
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDR	EXCISION OF S	3,240.00
11470	EXCISION SKIN SUBCU TISSUE HIDRADENITIS PERIANAL PI	EXCISION OF S	3,240.00
11471	EXCISION OF SKIN & SUBCU TISSUE FOR HIDRADENITIS PE	EXCISION OF S	3,240.00
11600	EXCISION MALIG LESION INCL MARGINS TRUNK ARMS LEC	EXCISION MAI	1,525.00
11601	EXCISION MALIG LESION INCLUDING MARG TRUNK ARMS	EXCISION MAI	1,800.00
11602	EXCISION MALIG LESION INCL MARGINS TRUNK ARMS LEC	EXCIS MALIG I	1,800.00
11603	EXCISION MALIG LESION INCL MARGS TRUNK ARMS LEGS	EXCISION MAI	1,800.00
11604	EXCISION MALIG LESION INCL MARGINS TRUNK ARMS LEC	EXCISION, MA	2,330.00
11606	EXCISION MALIG LESION LINCL MAR TRUNK ARMS LEGS O	EXCISION MAI	2,470.00
11620	EXCISION MALIGNANT LESION INCLUDING MARGINS FACE	EXCISION MAI	1,800.00
11621	EXCISION MALIG LESION INCL MARG SCALP NECK HANDS	EXCISSION MA	1,800.00
11622	EXCISION MALIG LEISON INCL MARG SCALP NECK HANDS	EXCISION MAI	1,800.00
11623	EXCISION MALIG LESION INCL MARG SCALP NECK HANDS	EXCISION MAI	2,045.00
11624	EXCISION MALIG LESION INCL MARG SCALP NECK HANDS	EXCISION, MA	2,470.00
11626	EXCISION MALIG LESION INCL MARG SCALP NECK HANDS	EXCISION, MA	3,240.00
11640	EXCISION MALIG LESION INCL MARG FACE EARS EYELIDS	EXCIISON MAI	2,200.00
11641	EXCISION MALIG LESION INCL MARG FACE EARS EYELIDS	EXCISION MAI	2,200.00
11642	EXCISION MALIG LESION INCL MARG FACE EARS EYELIDS	EXCISION MAI	2,100.00
11643	EXCISION MALIG LESION INCL MARG FACE EARS EYELIDS	EXCISION MAI	2,200.00
11644	EXCISION MALIG LESION INCL MARG FACE EARS EYELIDS	EXCISION, MA	2,470.00
11646	EXCISION MALIG LESION INCL MARGS FACE EARS EYELID	EXCISION, MA	3,240.00
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	TRIMMING OF	1,200.00
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FI	DEBRIDEMENT	1,200.00
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD SIX OR MORE	DEBRIDEMENT	1,200.00
11730	AVULS NAIL PLAT-PART/CMP-S	11730 AVUL	1,200.00
11732	AVULS NAIL PLAT-EA ADD PLA	11732 AVUL	1,200.00
11740	EVACUATION OF SUBUNGUAL HEMATOMA	EVACUATION	1,200.00
11750	REMOV OF NAIL BED	11750 REMO	2,100.00
11752	REMOV OF NAIL BED W/ AMP TUF	11752 REMO	3,240.00
11755	BIOPSY OF NAIL UNIT	11755 BIOP	1,525.00
11760	REPAIR OF NAIL BED	11760 REPA	1,800.00
11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	RECONSTRUC	2,310.00
11765	WEDGE EXCIS-SKIN NAIL FOLD	11765 WEDG	1,200.00
11770	REM PILONIDAL LES-SIMP	EXCISION OF F	3,240.00
11771	REM PILONIDAL LES-EXT	EXCISION OF F	3,240.00
11772	REM PILONIDAL LES-COMP	EXCISION OF F	3,240.00
11900	INJECT-INTRALESIONAL <8 LE	11900 INJE	1,500.00
11901	INJECT-INTRALESIONAL(>=8LES)	11901 INJE	1,200.00
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBL	TATTOOING, I	1,200.00
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBL	TATTOOING, I	1,200.00
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBL	TATTOOING, I	1,200.00
11950	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, CC	SUBCUTANEO	1,200.00
11951	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, CC	SUBCUTANEO	1,200.00

11952	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, CC SUBCUTANEO	1,200.00
11954	SUBCUTANEOUS INJ OF FILLING MATERIAL OVER 10.0 CC SUBCUTANEO	1,200.00
11960	INS TISSUE EXPAND(S) INSERTION OF	3,100.00
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT P REPLACEMENT	6,595.00
11971	REMOV TISSUE EXPAND(S) WITHOUT INSERTION OF PROST REMOVAL OF	3,240.00
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES REMOVAL, IM)	1,525.00
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPL. SUBCUTANEO	1,200.00
11981	INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLA INSERTION NC	1,200.00
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLA) REMOVAL NO)	1,200.00
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRI REMOVAL WTI	1,200.00
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK SIMPLE REPAIR	1,200.00
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK SIMPLE REPAIR	1,200.00
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK SIMPLE REPAIR	1,200.00
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK SIMPLE REPAIR	2,330.00
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK SIMPLE REPAIR	2,330.00
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK SIMPLE REPAIR	2,330.00
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS E SIMPLE REPAIR	1,200.00
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, SIMPLE REPAIR	1,200.00
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, SIMPLE REPAIR	1,200.00
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, SIMPLE REPAIR	1,800.00
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, SIMPLE REPAIR	2,330.00
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, SIMPLE REPAIR	2,330.00
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE EARS E SIMPLE REPAIR	2,330.00
12020	TRMT SUPER WOUND-SIMP TREATMENT C	1,800.00
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE WITH I TREATMENT C	1,800.00
12031	LAYER CLOSURE WOUND SCALP AXILLAE TRUNK AND/OR LAYER CLOSU	1,500.00
12032	LAYER CLOSURE WOUND SCALP AXILLAE TRUNK AND/OR LAYER CLOSU	1,500.00
12034	LAYER CLOSURE WOUND SCALP AXILLAE TRUNK AND/ OI LAYER CLOSU	2,330.00
12035	LAYER CLOSURE WOUND SCAPL AXILLAE TRUNK AND/OR LAYER CLOSU	2,330.00
12036	LAYER CLOSURE WOUND SCALP AXILLAE TRUNK AND/OR LAYER CLOSU	2,330.00
12037	LAYER CLOSURE WOUND SCALP AXILLAE TRUNK AND/OR LAYER CLOSU	2,330.00
12041	LAYER CLOSURE WOUND NECK HANDS FEET AND/ OR EXT LAYER CLOSU	1,500.00
12042	LAYER CLOSURE WOUND NECK HANDS FEET AND/OR EXT LAYER CLOSU	1,500.00
12044	LAYER CLOSURE WOUND NECK HANDS FEET AND/OR EXT LAYER CLOSU	2,330.00
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET ANI LAYER CLOSU	2,330.00
12046	LAYER CLOSURE WOUNDNECK HANDS FEET AND/OR EXTI LAYER CLOSU	2,330.00
12047	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NC LAYER CLOSU	2,330.00
12051	LAYER CLOSURE WOUND FACE EARS EYELIDS NOSE LIPS / LAYER CLOSU	1,500.00
12052	LAYER CLOSURE WOUND FACE EARS EYELIDS NOSE LIPS / LAYER CLOSU	1,500.00
12053	LAYER CLOSURE WOUND FACE EARS EYELIDS NOSE LIPS / LAYER CLOSU	1,500.00
12054	LAYER CLOSURE WOUND FACE EARS EYELIDS NOSE LIPS / LAYER CLOSU	2,330.00
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NC LAYER CLOSU	2,330.00
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NC LAYER CLOSU	2,330.00
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NC LAYER CLOSU	2,330.00
13100	REPAIR COMPLEX TRUNK; 1.1 TO 2.5 CM REPAIR, COMP	2,330.00
13101	REPAIR COMPLEX TRUNK 2.6-7.5CM REPAIR, COMP	2,685.00
13102	REPAIR COMPLEX TRUNK-EA ADD 5CM REPAIR COMPI	2,685.00
13120	REPAIR COMPLEX SCALP ARMS AND/OR LEGS WOUND 1.1-: REPAIR, COMP	2,330.00
13121	REPAIR COMPLEX SCALP ARMS AND/OR LEGS WOUND 2.6 REPAIR, COMP	2,685.00
13122	REPAIR COMPLEX SCALP ARMS AND/OR LEGS -EA ADD 5C REPAIR COMPI	2,685.00
13131	REPAIR COMPLEX FOREHEAD CHEEKS CHIN MOUTH NECK REPAIR COMPI	2,330.00
13132	REPAIR COMPLEX FOREHEAD CHEEKS CHIN MOUGH NECK REPAIR, COMP	2,685.00
13133	REPAIR COMPLEX FOREHEAD CHEEKS CHIN MOUTH NECK REPAIR COMPI	2,685.00
13150	REPAIR COMPLEX EYELIDS NOSE EARS AND/OR LIPS <1.0 C REPAIR COMPI	2,685.00
13151	REPAIR COMPLEX EYELIDS NOSE EARS AND/OR LIPS 1.1-2.5 REPAIR COMPI	2,685.00
13152	REPAIR COMPLEX EYELIDS NOSE EARS AND/OR LIPS 2.6-7.5 REPAIR COMPI	2,685.00
13153	REPAIR COMPLEX EYELIDS NOSE EARS AND/OR LIPS; EACH REPAIR COMPI	2,685.00
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCE SECONDARY C	3,100.00
14000	TISSUE REARRG TRUNK DEFECT 10 SQ CM OR LESS ADJACENT TIS	2,330.00

14001	TISSUE REARRG TRUNK 10.1-30 SQ CM	ADJACENT TIS	2,685.00
14020	TISSUE REARRG SCALP ARMS AND/OR LEGS <10CM	ADJACENT TIS	2,685.00
14021	TISSUE REARRG SCALP ARMS AND/OR LEGS 10.1-30.0 SQ CM	ADJACENT TIS	2,685.00
14040	TISSUE REARRG FOREHEAD CHEEKS CHIN MOUTH NECK A	ADJACENT TIS	2,330.00
14041	TISSUE REARRG FOREHEAD CHEEKS CHIN MOUTH NECK A	ADJACENT TIS	2,685.00
14060	TISSUE REARRG EYELIDS NOSE EARS AND/OR LIPS <10SQ C	ADJACENT TIS	2,685.00
14061	TISSUE REARRG EYELIDS NOSE EARS AND/OR LIPS 10.1 SQ	ADJACENT TIS	2,685.00
14300	TISSUE REARRG MORE THAN 30 SQ CM ANY AREA	TISSUE REARR	3,315.00
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY	ADJACENT TIS	3,315.00
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT ANY	ADJACENT TIS	1,800.00
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION	FILLETED FING	3,100.00
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE	SURGICAL PRE	2,200.00
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE	SURGICAL PRE	1,800.00
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE	SURGICAL PREP OR	1,800.00
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE	SURGICAL PRE	1,800.00
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRA	HARVEST OF S	1,800.00
15050	PINCH GRAFT SINGLE/MULTIPLE TO COVER SMALL ULCER	PINCH GRAFT,	2,330.00
15100	SPLIT THICKNESS AUTOGRAFT TRUNK ARMS LEGS EA ADI	SPLIT THICKN	3,100.00
15101	SPLIT THICKNESS AUTOGRAFT TRUNK ARMS, LEGS EACH	SPLIT THICKN	3,100.00
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100	EPIDERMAL A	2,335.00
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADD	EPIDERMAL A	2,335.00
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH,	EPIDERMAL A	2,335.00
15116	EPIDERMAL AUTOGRAFT FACE SCALP EYELIDS MOUTH NE	EPIDERMAL A	2,335.00
15120	SPLIT THICKNESS AUTOGRAFT FACE SCALP EYELIDS MOU	SPLIT THICKN	3,100.00
15121	SPLIT THICKNESS AUTOGRAFT FACE SCALP EYELIDS MOU	SPLIT THICKN	3,100.00
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ	DERMAL AUTO	2,335.00
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITI	DERMAL AUTO	2,335.00
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NE	DERMAL AUTO	2,335.00
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NE	DERMAL AUTO	2,335.00
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARM	TISSUE CULTU	2,335.00
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARM	TISSUE CULTU	2,335.00
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARM	TISSUE CULTU	2,335.00
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP	TISSUE CULTU	2,335.00
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP	TISSUE CULTU	2,335.00
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT FACE SCALP E	TISSUE CULTU	2,335.00
15170	ACELLULAR DERMAL REPLACE TRUNK ARMS LEGS FIRST	15170 ACEL	2,330.00
15171	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS	ACELLULAR D	0.00
15175	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELI	ACELLULAR D	2,330.00
15176	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSU	ACELLULAR D	0.00
15200	FULL THICKNESS GRAFT <=20CM	FULL THICKNE	2,685.00
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSU	FULL THICKNE	2,330.00
15220	FULL THICKNESS GRAFT <=20CM	FULL THICKNE	2,330.00
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSU	FULL THICKNE	2,330.00
15240	FULL THICKNESS GRAFT <=20CM	FULL THICKNE	2,685.00
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSU	FULL THICKNE	2,685.00
15260	FULL THICKNESS GRAFT <=20CM	FULL THICKNE	2,330.00
15261	FULL THICKNESS FRAFT FREE EA ADD 20 SQ CM	FULL THICKNE	2,330.00
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARN	APPLICATION	1,900.00
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARN	APPL OF SKIN	1,200.00
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARN	APPLICATION	2,100.00
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARN	APPLIC OF SKI	2,100.00
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP	APPLICATION	2,100.00
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP	APPLICATION	1,800.00
15300	ALLOGRAFT SKIN FOR TEMP WOUND CLOSURE TRUNK, AR	ALLOGRAFT T	1,800.00
15301	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRIA	ALLOGRAFT S	1,800.00
15320	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FA	ALLOGRAFT S	1,800.00
15321	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FA	ALLOGRAFT S	1,800.00
15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; F	ACELLULAR D	1,800.00
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; E	ACELLULAR D	1,800.00

15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, ACELLULAR D	1,800.00
15336	ACELLULAR DERMAL ALLOGRAFT FACE SCALP EYELIDS ACELLULAR D	1,800.00
15340	TISSUE CULT ALLOG SKN SUB <25 SQ CM 15340 TISS	2,330.00
15341	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE, EACH , TISSUE CULTU	1,800.00
15350	APPLIC ALLGRFT SKIN <100SQ CM APPLICATION	4,264.00
15360	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, TR TISSUE CULTU	2,330.00
15361	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, TR TISSUE CULTU	1,800.00
15365	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FA TISSUE CULTU	2,330.00
15366	TISSUE CULTURED ALLOGENIC DERMAL SUBSTITUTE FACI TISSUE CULTU	1,800.00
15400	XENOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE TRI APPLICATION	2,330.00
15401	XENOGRAFT, SKIN (DERMAL), FOR TEMPORARY WOUND C XENOGRAFT, S	2,330.00
15420	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CI XENOGRAFT S	1,800.00
15421	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CI XENOGRAFT S	1,800.00
15430	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LI ACELLULAR X	1,800.00
15431	ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 10(ACELLULAR X	1,800.00
15570	FORM DIRECT OR TUBED PEDICLE WITH OR WITHOUT TRA FORM DIRECT	3,100.00
15572	FORM DIRECT OR TUBED PEDICLE WITH OR WITHOUT TRA FORMATION O	3,100.00
15574	FORM DIRECT OR TUBED PEDICLE WITH OR WITHOUT TRA FORMATION O	3,100.00
15576	FORM DIRECT OR TUBED PEDICLE WITH OR WITHOUT TRA FORM DIRECT	3,100.00
15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND I) DELAY OF FLA	3,100.00
15610	DELAY OF FLAP OR SECTIONING OF FLAP AT SCALP ARMS (DELAY OF FLA	3,100.00
15620	DELAY OF FLAP OR SECTIONING OF FLAP AT FOREHEAD CI DELAY OF FLA	3,315.00
15630	DELAY OF FLAP OR SECTIONING OF FLAP AT EYELIDS NOS DELAY OF FLA	3,100.00
15650	TRANS PEDICLE FLAP-INTERMED TRANSFER, IN	3,760.00
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PED FOREHEAD FL	3,100.00
15732	MUSCLE MYOCUTANEOUS FASCIOCUTANEOUS FLAP HEAL MUSCLE, MYO	3,100.00
15733	Musc myoq/fscq flp h&n pedcl 15733	3,100.00
15734	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP TI MUSCLE MYO	3,100.00
15736	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP U MUSCLE, MYO	3,100.00
15738	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP LI MUSCLE, MYO	3,100.00
15740	FLAP ISLAND PEDICLE FLAP ISLAND I	2,330.00
15750	FLAP NEUROVASCULAR PEDICLE FLAP NEUROV	3,100.00
15760	GRAFT COMPOSITE INCL PRIMARY CLOSURE DONOR AREA GRAFT COMPC	3,100.00
15770	GRAFT DERMA FAT FASCIA GRAFT DERM/	3,100.00
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GR PUNCH GRAFT	2,330.00
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PU PUNCH GRAFT	2,330.00
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR D IMPLANTATIO	2,330.00
15780	DERMABRASION TOTAL FACE DERMABRASI	3,240.00
15781	DERMABRASION SEGMENTAL FACE DERMABRASK	1,525.00
15782	DERMABRASION; REGIONAL, OTHER THAN FACE DERMABRASK	1,525.00
15783	DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO RE) DERMABRASI	1,200.00
15786	ABRASION SINGLE LESION (EG, KERATOSIS, SCAR)90156 ABRASION SIN	1,200.00
15787	ABRASION EA ADD FOUR LESIONS OR LESS ABRASION, EA	1,200.00
15788	CHEMICAL PEEL FACIAL EPIDERMAL CHEMICAL PEI	1,200.00
15789	CHEMICAL PEEL FACIAL DERMAL CHEMICAL PEI	1,200.00
15792	CHAMICAL PEEL NONFACIAL EPIDERMAL CHEMICAL PEI	1,200.00
15793	CHEMICAL PEEL NONFACIAL DERMAL CHEMICAL PEI	1,200.00
15819	CERVICOPLASTY CERVICOPLAS	1,800.00
15820	BLEPHAROPLASTY LOWER EYELID BLEPHAROPL/	3,100.00
15821	BLEPHAROPLASTY LOWER EYELID WITH EXTENSIVE HERN BLEPHAROPL/	3,100.00
15822	BLEPHAROPLASTY UPPER EYELID BLEPHAROPL/	3,100.00
15823	BLEPHAROPLASTY UPPER EYELID WITH EXCESSIVE SKIN VBLEPHAROPL/	3,760.00
15824	RHYTIDECTOMY FOREHEAD RHYTIDECTOM	3,100.00
15825	RHYTIDECTOMY NECK WITH PLATYSMAL TIGHTENING (PL RHYTIDECTOM	3,100.00
15826	RHYTIDECTOMY GLABELLAR FROWN LINES90178 RHYTIDECTOM	3,100.00
15828	RHYTIDECTOMY CHEEK CHIN AND NECK RHYTIDECTOM	3,100.00
15829	RHYTIDECTOMY SUPERFICIAL MUSCULOAPONEUROTIC S) RHYTIDECTOM	3,315.00
15830	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (I) EXCISION ESC	3,240.00
15831	ABDOMINOPLASTY EXCISION, EXC	2,818.00

15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (EXCISION, EX	3,240.00
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (EXCISION, EX	3,240.00
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (EXCISION, EX	3,240.00
15835	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE B EXCISION, EX	3,240.00
15836	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE A EXCISION EXC	2,470.00
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (EXCISION, EX	2,470.00
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (EXCISION, EX	2,685.00
15839	EXCISION EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE C EXCISION EXC	2,470.00
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAF GRAFT FOR FA	3,315.00
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRA GRAFT FOR FA	3,315.00
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLA GRAFT FOR FA	3,315.00
15845	GRAFT FOR FACIAL NERVE PARALYSIS REGIONAL MUSCLE GRAFT FOR FA	3,315.00
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE A) EXCISION EXC	3,240.00
15850	REM SUTURES-ANESTH SAME SURGEON REMOVAL SUT	1,800.00
15851	REMOV SUTURES-ANESTH OTHER SURGEON 15851 REMO	1,200.00
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER AN DRESSING CH/	1,800.00
15860	INTRAVENOUS INJECTION OF AGENT TO TES VASCULAR FI INTRAVENOUS	1,800.00
15876	LIPECTOMY-SUCT ASSIST SUCTION ASSI	3,100.00
15877	SUCTION ASSISTED LIPECTOMY TRUNK SUCTION ASSI	3,100.00
15878	SUCTION LIPECTOMY UPPER EXTREMITY SUCTION ASSI	3,100.00
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY SUCTION ASSI	3,100.00
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGE EXCISION, COX	2,685.00
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGE EXCISION, COX	3,315.00
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUT EXCISION, SAC	3,240.00
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUT EXCISION, SAC	3,240.00
15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLC EXCISION, SAC	3,100.00
15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLC EXCISION, SAC	3,315.00
15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FO EXCISION, SAC	3,315.00
15937	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FO EXCISION, SAC	3,315.00
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUT EXCISION, ISCI	3,240.00
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUT EXCISION, ISCI	3,240.00
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLC EXCISION, ISCI	3,100.00
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLC EXCISION, ISCI	3,315.00
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY,) EXCISION, ISCI	3,315.00
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMA EXCISION, TRC	3,240.00
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMA EXCISION, TRC	3,315.00
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN F EXCISION, TRC	2,685.00
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN F EXCISION, TRC	3,315.00
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARA EXCISION, TRC	2,685.00
15958	EXCISION TROCHANTERIC PRESSURE ULCER EXCISION, TRC	3,315.00
15999	UNLISTED PROC,EXC PRESSURE ULC 15999 UNLI	1,691.00
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MOR INITIAL TREAT	1,200.00
16015	TRTMT BURN(S)-MED.LRG DRESSINGS AN	4,260.00
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNES DRESSINGS AN	1,200.00
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNES DRESSINGS AN	1,800.00
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNES DRESSINGS AN	1,800.00
16035	ESCHAROTOMY; INITIAL INCISION90266 ESCHAROTOM	2,330.00
17000	DEST BEN/PREML 1ST LES 17000 DEST	1,500.00
17003	DEST BEN/PRML 2-14 LES 17003 DEST	1,200.00
17004	DEST BEN/PRML 15+ LES 17004 DEST	1,200.00
17106	DEST VACS LES <=10CM 17106 DEST	1,500.00
17107	DEST VACS LES 10-15CM DEST VACS LE	1,500.00
17108	DEST VACS LES >50CM 17108 DEST	1,200.00
17110	DEST FLT WART 1-14 LES DEST FLT WAF	1,500.00
17111	DEST FLT WART 15+ LES 17111 DEST	1,200.00
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PR CHEMICAL CA	1,200.00
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00

17263	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17264	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17266	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17273	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17274	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17276	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17283	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17284	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17286	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, DESTRUCTION	1,200.00
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL MOHS MICRO	1,525.00
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL MOHS MICRO	1,525.00
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL MOHS MICRO	1,525.00
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL MOHS MICRO	1,525.00
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL MOHS MICRO	1,525.00
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE90326 CRYOTHERAP	1,200.00
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACI CHEMICAL EX	1,200.00
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES ELECTROLYSI	1,200.00
17999	SKIN TISSUE PROCEEDURE 17999 SKIN	3,276.00
19000	DRAIN BREAST CYST/LES PUNCTURE AS	1,800.00
19001	DRN BREAST LES-EA ADD ;UNCTURE ASI	1,200.00
19020	MASTOMY BRST LES-DEEP MASTOTOMY	2,810.00
19030	INJ PROC-MAMM DUCT INJEC FOR MA	1,800.00
19100	BX BRST-PERC W/O IMAGE BIOPSY OF BR	1,800.00
19101	BX BRST-OPEN BIOPSY OF BR	3,170.00
19102	BX BRST PERC NEEDLE CORE W/IMAGE BIOPSY OF BR	2,330.00
19103	BIOPSY OF BREAST, PERCUTANEOUS, AUTOMATED VACUI BIOPSY OF BR	2,330.00
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDI ABLATION, CR	4,865.00
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A NIPPLE EXPL	3,170.00
19112	EXCISION OF LACTIFEROUS DUCT FISTULA90346 EXCISION OF I	3,170.00
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN O EXCISION OF C	3,170.00
19125	EXCISION OF BREAST LESION IDENTIFIED BY PREOP PLACE EXCISION OF F	3,170.00
19126	EXCIS-ADDL BREAST LES EXCISION OF E	3,170.00
19162	MASTECTMY-PART-AXL LYM MASTECTOMY	13,866.00
19180	MASTECTOMY-COMPLETE/SMP MASTECTOMY	6,548.00
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS EXCISION OF C	3,760.00
19290	PLAC NEEDLE WIRE 1ST PREOPERATIV	1,800.00
19291	PLAC NEEDLE WIRE,ADDTL PREOPERATIV	1,800.00
19295	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CL IMAGE GUIDEI	1,800.00
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOO PLACEMENT C	8,680.00
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOO PLACEMENT C	5,105.00
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHY PLACEMENT C	8,680.00
19300	MASTECTOMY FOR GYNECOMASTIA MASTECTOMY	3,170.00
19301	MASTECTOMY, PARTIAL MASTECTOMY	3,170.00
19302	MASTECTOMY PARTIAL W/ AXILLARY LYMPHADENECTOM MASTEC PART	6,110.00
19303	MASTECTOMY SIMPLE COMPLETE 19303	4,865.00
19304	MASTECTOMY SUBCUTANEOUS MASTECTOMY	4,865.00
19305	MASTECTOMY RADIAL INCLU PECTORAL MUSCLES LYMPH 19305	0.00
19306	MASTECTOMY RAD W INTERNAL LYMPH URBAN MASTECTOMR	13,866.00
19307	MASTECTOMY MOD RADIAL EXCL PECTORALIS MAJOR MASTECTOMR	6,110.00
19316	MASTOPEXY, MASTOPEXY	4,865.00
19318	REDUCT MAMMAPLASTY REDUCTION M	6,110.00
19324	MAMMAPLASTY, AUGMENTATION; WITHOUT PROSTHETIC MAMMAPLAST	6,110.00
19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMP MAMMAPLAST	8,680.00

19328	REMOVAL OF INTACT MAMMARY IMPLANT MATERIAL	REMOVAL OF	4,865.00
19330	REM MAMMARY IMPLANT MATERIAL	REMOVAL OF	4,865.00
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING IMMEDIATE	IMMEDIATE IN	6,110.00
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING DELAYED INSI	DELAYED INSI	8,680.00
19350	NIPPLE/AREOLA RECONSTRUCTION	NIPPLE/AREOL	3,315.00
19355	CORR INVERT NIPPLE	CORRECTION O	4,865.00
19357	BREAST RECONSTRUCT IMMED OR DELAYED W/TISSUE EX BREAST RECO	BREAST RECO	8,680.00
19364	BREAST RECONSTRUCTION WITH FREE FLAP 90396	BREAST RECO	4,865.00
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	BREAST RECO	4,865.00
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS AB	BREAST RECO	4,865.00
19370	OPEN CAPSULATOMY BRST	OPEN PERIPRC	4,865.00
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST 90407	PERIPROSTHE	4,865.00
19380	REVISION OF RECONSTRUCTED BREAST	REVISION OF F	6,110.00
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	PREPARATION	4,865.00
19499	MISC BREAST PROC	19499 MISC	5,175.00
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO O	INCISION OF S	1,200.00
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO O	INCISION OF S	3,265.00
20103	EXPLOR PENET WOUND-EXT	EXPLORATION	3,315.00
20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS	EXCISION OF E	6,595.00
20200	MUSCLE BX, SUPERFIC	BIOPSY, MUSC	2,470.00
20205	MUSCLE BX, DEEP	BIOPSY, MUSC	2,685.00
20206	MUSCLE BX, NEEDLE	BIOPSY, MUSC	1,800.00
20220	BONE BX, TROCAR/NEEDLE	BIOPSY, BONE	1,800.00
20225	BIOPSY, BONE, TROCAR, OR NEEDLE, DEEP (EG, VERTEBRAL	BIOPSY, BONE	2,330.00
20240	BONE BX, OPEN SUPERFICIAL	BIOPSY, BONE	3,240.00
20245	BONE BX, EXCISION-DEEP	BIOPSY, BONE	3,240.00
20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	BIOPSY, VERT	3,265.00
20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	BIOPSY, VERT	3,265.00
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROC)	INSERTION OF	3,425.00
20500	INJECTION OF SINUS TRACT, THERAPEUTIC (SEPARATE PROC)	INJECTION OF	1,200.00
20501	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), TH	INJECTION OF	1,200.00
20520	REMOV FB-MUSCLE-SIMP	REMOVAL OF	1,525.00
20525	REMOV FB-MUSCLE-COMP	REMOVAL OF	3,240.00
20526	INJ CARPAL TUNNEL-THER	INJECTION TH	1,200.00
20550	INJECTION SINGLE TENDON SHEATH/LIGAMENT APONEUR	INJECT SINGLE	1,200.00
20551	INJ TENDON ORIG/INSERT	INJ SINGLE TE	1,200.00
20552	INJ SINGLE OR MULTIPLE TRIGGER POINT ONE/TWO MUSCLE	INJ SINGLE MU	1,200.00
20553	INJECTION SINGLE/MULTIPLE TRIGGER POINTS THREE OR F	INJ SINGLE MU	1,200.00
20555	PLACEMENT OF NEEDLES OR CATH INTO MUSCLE AND/OR	PLACEMENT C	1,800.00
20600	ARTHROCENTESIS ASPIRATION AND/OR INJECTION SMALL	ARTHROCENT	1,200.00
20605	ARTHROCENTESIS ASPIRATION AND/OR INJECTION INTER	ARTHROCENT	1,500.00
20610	ARTHROCENTESIS ASPIRATION AND/OR INJECTION MAJOR	ARTHRO ASP/I	1,500.00
20612	ASPIRATION AND/OR INJECTION OF GAGLIOLION CYST ANY	ASPIR/INJECT	1,200.00
20615	ASPIR AND INJ-TRMT BONE CYST	ASPIRA/INJECT	1,200.00
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL	INSERT OF WIR	3,265.00
20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	APPLICATION	3,265.00
20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	APPLICATION	3,265.00
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	REMOVAL OF	1,800.00
20670	REMOV IMPLANT-SUPRFIC	REMOVAL OF	2,470.00
20680	REMOV IMPLANT-DEEP	REMOVAL OF	3,240.00
20690	APPLICATION OF UNIPLANE UNILATERAL EXTERNAL FIXATION	APPLICATION	4,480.00
20692	APPLICATION OF MULTIPLANE UNILATERAL EXTERNAL FIXATION	APPLICATION	7,500.00
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM	ADJUSTMENT	3,265.00
20694	REMOVAL UNDER ANESTHESIA OF EXTERNAL FIXATION SYSTEM	REMOVAL, UN	3,265.00
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DIGIT)	REPLANTATIO	2,335.00
20900	BONE GRAFT ANY DONOR AREA MINOR OR SMALL	BONE GRAFT,	4,480.00
20902	BONE GRAFT ANY DONOR AREA MAJOR OR LARGE	BONE GRAFT,	4,480.00
20910	CARTILAGE GRAFT, COSTOCHONDRAL	CARTILAGE GR	3,100.00
20912	CARTILAGE GRAFT NASAL SEPTUM	CARTILAGE GR	3,100.00

20920	FASCIA LATA GRAFT BY STRIPPER	FASCIA LATA G	3,315.00
20922	FASIA LATA GRAFT-INCIS	FASCIA LATA G	2,685.00
20924	TENDON GRAFT FROM A DISTANCE	TENDON GRAI	4,480.00
20926	TISSUE GRAFTS OTHER	TISSUE GRAFT	3,775.00
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDE MONITORING O		1,800.00
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANFREE OSTEO F		6,790.00
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANFREE OSTEOCI		6,790.00
20975	ELECTRIC BONE STIM-INV	ELECTRICAL S	2,330.00
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONI LOW INTENSIT		1,200.00
20982	ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOMA, MET. ABLATION, BC		6,595.00
20999	MUSCULOSKELETAL SURG	20999 MUSC	3,522.00
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	ARTHROTOMY	3,680.00
21011	EXCISION TUMOR SOFT TISSUE OF FACE OR SCALP SUBCU' EXCISION TUN		2,985.00
21012	EXCISION TUMOR SOFT TISSUE OF FACE/SCALP SUBCU 2 C EXCISION TUN		2,985.00
21013	EXCISION TUMOR SOFT TISSUE OF FACE AND SCALP SUBF; EXCISION TUN		2,985.00
21014	EXCISION TUMOR SOFT TISSUE OF FACE/SCALP SUBFASCI/ 21014		2,985.00
21015	RAD RESCT TUMOR FACE/SCALP	RADICAL RESI	2,685.00
21025	EXCIS BONE, MANDIBLE	EXCISION OF E	6,120.00
21026	EXCIS FACIAL BONE(S)	EXCISION OF E	6,120.00
21029	REM CONT FACE BONE LES	REMOVAL BY	6,120.00
21030	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZY EXCISION BEN		3,680.00
21031	EXCISION TORUS MANDIBULARIS	EXCISION TOR	3,680.00
21032	EXCISION OF MAXILLARY TORUS PALATINUS	EXCISION OF M	3,680.00
21034	EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOM EXCISION OF M		6,120.00
21040	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE BY E EXCISION OF E		3,680.00
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE	EXCISION OF M	6,120.00
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE REQ EXCISION OF E		6,120.00
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REC EXCISION OF E		6,120.00
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQL EXCISION OF E		6,120.00
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARA CONDYLECTO		6,120.00
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANI MENISCECTON		6,120.00
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)90608	CORONOIDECT	6,120.00
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ) MANIPULATIO		1,200.00
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTI IMPRESSION A		3,680.00
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTI IMPRESSION A		6,120.00
21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTUFI IMPRESSION A		6,120.00
21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBJ IMPRESSION A		6,120.00
21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR R IMPRESSION A		6,120.00
21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGM IMPRESSION A		6,120.00
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT P IMPRESSION A		6,120.00
21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PRI IMPRESSION A		6,120.00
21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL IMPRESSION A		2,505.00
21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PRI IMPRESSION A		6,120.00
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTH IMPRESSION A		6,120.00
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTH IMPRESSION A		6,120.00
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFAI APPLICATION		6,120.00
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR COI AAPL OF INTEI		1,525.00
21120	GENIOPLASTY AUGMENTATION	GENIOPLASTY	4,300.00
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	GENIOPLASTY	5,195.00
21122	GENIOPLASTY SLIDING OSTOTOMIES 2 OR MORE	21122	5,195.00
21123	GENIOPLASTY, SLIDING, AUGMENTATION WITH INTERPOSIGENIOPLASTY		5,195.00
21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTH AUGMENTATI		4,300.00
21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BI AUGMENTATI		6,985.00
21137	REDUCTION FOREHEAD; CONTOURING ONLY	REDUCTION F	3,680.00
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION	REDUCTION F	6,120.00
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF / REDUCTION F		6,120.00
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRU; RECONSTRUC		6,120.00
21181	RECON BEN TUMOR-CRANIAL	RECONSTRUC	5,195.00
21198	OSTEOTOMY MANDIBLE SEG	OSTEOTOMY M	6,120.00

21199	OSTEOTOMY MANDIBLE SEGMENTAL	OSTEOTOMY M	6,120.00
21206	OSTEOTOMY MAXILLA SEGMENTAL	OSTEOTOMY M	6,120.00
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION (AUTOGRA	OSTEOPLASTY	6,120.00
21209	OSTEOPLASTY FACIAL BONES REDUCTION	OSTEOPLASTY	6,120.00
21210	GRAFT BONE NASAL MAXILLARY OR MALAR AREAS (INCL	GRAFT BONE I	6,120.00
21215	GRAFT BONE MANDIBLE (INCLUDES OBTAINING GRAFT)90	GRAFT BONE I	6,120.00
21230	GRAFT RIB CARTILAGE AUTOGENOUS TO FACE CHIN NOSE	GRAFT; RIB C	6,120.00
21235	GRAFT EAR CART TO NOSE OR EAR	GRAFT; EAR C	5,195.00
21240	ARTHROPLASTY TMPRMND JNT	ARTHROPLAS	6,120.00
21242	ARTHROPLASTY TEMPOROMANDIBULAR JOINT, WITH ALI	ARTHROPLAS	6,120.00
21243	ARTHROPLASTY TEMPOROMANDIBULAR JOINT WITH PRO	ARTHROPLAS	13,000.00
21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRA	RECONSTRUC	6,120.00
21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIO	RECONSTRUC	6,120.00
21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIO	RECONSTRUC	6,120.00
21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTE	RECONSTRUC	6,120.00
21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA ENDOSTEA	RECONSTRUC	6,120.00
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID F	RECONSTRUC	6,239.00
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORIS	PERIORBITAL	6,120.00
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, U	ORBITAL REPC	6,120.00
21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	MALAR AUGM	6,120.00
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONS	SECONDARY F	6,120.00
21280	MEDIAL CANTHOPEXY90760	MEDIAL CANT	6,120.00
21282	LATERAL CANTHOPEXY	LATERAL CAN	3,760.00
21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR T)	REDUCTION O	1,800.00
21296	REDUCTION OF MASSETER MUSCLE AND BONE INTRAORA	REDUCTION O	3,680.00
21299	MISC CRANIOFAC/MAXOFAC	21299 MISC	5,175.00
21310	CLSD NOSE FRACT-NO MAN	CLOSED TREA	2,330.00
21315	CLSD NOSE FRACT-W/O STAB	CLOSED TREA	2,330.00
21320	CLSD NOSE FRACT-W/STAB	CLOSED TREA	2,652.00
21325	OPEN TREATMENT OF NASAL FRACT UNCOMP	OPEN TREATM	3,680.00
21330	OPEN TREATMENT OF NASAL FRACTURE COMPLICATED W	OPEN TREATM	3,760.00
21335	OPEN TREATMENT OF NASAL FRACT-COMP	OPEN TREATM	5,195.00
21336	OPEN TREATMENT OF NASAL SEPT FRACT	OPEN TREATM	4,015.00
21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE	CLOSED TREA	2,505.00
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE, WITHOU	OPEN TREATM	3,680.00
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH E	OPEN TREATM	3,760.00
21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLE	PERCUTANEO	6,120.00
21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRA	CLOSED TREA	5,195.00
21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AF	PERCUTANEO	6,120.00
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRA	OPEN TREATM	3,680.00
21360	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED C	OPEN TREATM	3,315.00
21365	OPEN CHEEK BONE FRACT	21365 OPEN	3,760.00
21385	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTU	OPEN TREATM	6,120.00
21387	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTU	OPEN TREATM	6,120.00
21390	OPEN ORBIT FLR FX-PER-IMPL	21390 OPEN	6,120.00
21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BL	CLOSED TREA	2,330.00
21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BL	CLOSED TREA	2,685.00
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOW	OPEN TREATM	3,500.00
21407	OPEN EYE SOCKET FRACT	21407 OPEN	3,760.00
21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTU	CLOSED TREA	3,680.00
21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY AL	CLOSED TREA	3,680.00
21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVE	OPEN TREATM	3,680.00
21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE, WITH M	CLOSED TREA	2,685.00
21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH M	CLOSED TREA	3,315.00
21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE	PERCUTANEO	2,505.00
21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH R	CLOSED TREA	6,120.00
21454	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH IEX	OPEN TREATM	3,760.00
21461	OPEN TREATMENT MANDBL FRACT	OPEN TREATM	6,120.00
21462	OPEN TREATMENT MANDBL FRAC	OPEN TREATM	6,120.00

21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTUR	OPEN TREATM	6,120.00
21470	OPEN MANDBL FRACT-CX	21470 OPEN	3,760.00
21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCA	CLOSED TREA	1,800.00
21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCA	CLOSED TREA	2,505.00
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATH	OPEN TREATM	6,120.00
21495	OPEN TREATMENT OF HYOID FRACTURE90860	OPEN TREATM	3,315.00
21497	INTERDENTAL WRING, FOR CONDITION OTHER THAN FRA	INTERDENTAL	2,505.00
21499	MISC MUSCLSKEL PROC	21499 MISC	4,506.00
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA,	INCISION AND	2,810.00
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA,	INCISION AND	3,265.00
21550	BX-SOFT TISSUE NECK	21550 BX-S	1,800.00
21552	EXCISION TUMOR SOFT TISSUE OF NECK OR ANTERIOR TH	EXCISION TUM	3,240.00
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR TI	EXCISION TUM	3,240.00
21555	EXCISION TUMOR SOFT TISSUE OF NECK OR THORAX SUBC	EXCISION TUM	3,240.00
21556	EXCISION TUMOR SOFT TISSUE OF NECK OR THORAX DEEI	EXCISION TUM	3,240.00
21557	RAD RESECT-TUMOR-NECK/TH	21557 RAD	3,240.00
21600	EXCICISON OF RIB PARTIAL	EXCISION OF F	4,480.00
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)90876	COSTOTRANS	4,480.00
21685	HYOID MYOTOMY AND SUSPENSION90890	HYOID MYOTC	3,265.00
21700	DIVISION OF SCALENUS ANTICUS, WITHOUT RESECTION OI	DIVISION OF S	3,265.00
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, C	DIVISION OF S	3,265.00
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, C	DIVISION OF S	2,685.00
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATEE	CLOSED TREA	1,800.00
21805	OPEN TREATMENT OF RIB FRACTURE WITHOUT FIXATION,	OPEN TREATM	4,015.00
21820	CLSD STERNUM FRACT	CLOSED TREA	1,800.00
21920	BIOPSY LESION, BACK/FLANK SUPERFICIAL	BIOPSY SOFT T	1,750.00
21925	BIOPSY SOFT TISSUE OF BACK OR FLANK DEEP	BIOPSY, SOFT	3,240.00
21930	EXCISION TUMOR SOFT TISSUE OF BACK OR FLANK	EXCISION, TUM	3,240.00
21931	EXC TUMOR SOFT TISSUE OF BACK OR FLANK SUBCU 3CM	EXC TUMOR S	3,240.00
21932	EXCISION TUMOR SOFT TISSUE OF BACK OR FLANK SUBFA	EXCISION TUM	3,240.00
21933	EXCISION TUMOR SOFT TISSUE OF BACK OR FLANK SUBFA	EXCISION SOF	3,240.00
21935	RADICAL RESECTION OF TUMOR SOFT TISSUE OF BACK OR	RADICAL RESI	3,240.00
22102	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONEN	PARTIAL EXCI	3,815.00
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONEN	PARTIAL EXCI	3,815.00
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE	CLOSED TREA	1,800.00
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S),	CLOSED TREA	1,800.00
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/O	CLOSED TREA	2,330.00
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY R	MANIPULATIO	2,330.00
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BOI	PERCUTANEOI	5,125.00
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BOI	PERCUTANEOI	5,125.00
22522	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BOI	PERCUTANEOI	5,125.00
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING	PERCUTANEOI	4,125.00
22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING	PERCUTANEOI	4,125.00
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNUL	PERCUTANEOI	4,480.00
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNUL	PERCUTANEOI	4,480.00
22900	EXCISION ABDOMINAL WALL TUMOR SUBFASCIAL	EXCISION, ABI	3,315.00
22902	EXCISION TUMOR SOFT TISSUE OF ABDOMINAL WALL SUB	EXCISION TUM	4,260.00
22903	EXCISION TUMOR SOFT TISSUE OF ABDOMINAL WALL SUB	EXCISION TUM	4,260.00
22999	MISC PROC-ABDOMEN	22999 MISC	4,260.00
23000	REMOV CALCIUM DEPOSITS	REMOVAL OF :	2,470.00
23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PRO	CAPSULAR CO	6,595.00
23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCE	INCISION AND	2,810.00
23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BU	INCISION AND	2,810.00
23035	INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE AI	INCISION, BON	3,265.00
23040	ARTHROTOMY GLENOHUMERAL JOINT INCLUDING EXPLO	ARTHROTOMY	4,480.00
23044	ARTHROTOMY ACROMIOCLAVICULAR STERNOCLAVICUL	ARTHROTOMY	4,480.00
23065	BIOPSY SOFT TISSUE OF SHOULDER AREA SUPERFICIAL911	BIOPSY SOFT T	1,750.00
23066	EXCISION SOFT TISSUE TUMOR SHOULDER AREA DEEP SUI	BIOPSY SOFT T	3,240.00
23071	EXCISION TUMOR SOFT TISSUE OF SHOULDER AREA SUBC	EXCISION TUM	3,300.00

23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUB EXCISION TUM	3,300.00
23075	REM SHOULDER LES-SUBCU EXCISION, SOF	2,652.00
23076	REM SHOULDER LES-DEEP EXCISION, SOF	3,240.00
23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLA RADICAL RESI	3,240.00
23078	RADICAL RESECTION OF TUMOR SOFT TISSUE OF SHOULDI RADICAL RESI	3,240.00
23100	ARTHROTOMYGLENOJUMERAL JOINT INCLUDING BIOPSY ARTHROTOMY	3,265.00
23101	ARTHROTOMY W/BIOP OR TORN CART ARTHROTOMY	5,195.00
23105	ARTHROTOMY GLENOHUMERAL JOINT WITH SYNOVECTO ARTHROTOMY	4,480.00
23106	ARTHROTOMY STERNOCLAVICULAR JOINT WITH SYNOVE ARTHROTOMY	4,480.00
23107	ARTHROTOMY GLENOHUMERAL JOINT W/JOINT EXPLORA ARTHROTOMY	4,480.00
23120	CLAVICULECTOMY PARTIAL CLAVICULECT	4,480.00
23125	CLAVICULECTOMY TOTAL CLAVICULECT	4,480.00
23130	ACROMIOPLASTY PART ACROMIOPLA	6,595.00
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM EXCISION OR C	3,315.00
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM EXCISION OR C	4,480.00
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM EXCISION OR C	4,480.00
23150	EXCISION OR CURTGE CYST TUMOR HUMERUS EXCISION OR C	4,480.00
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM EXCISION OR C	4,480.00
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM EXCISION OR C	4,480.00
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE AB SEQUESTRECT	4,480.00
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE AB SEQUESTRECT	4,480.00
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE AB SEQUESTRECT	4,480.00
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR PARTIAL EXCI	4,480.00
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR PARTIAL EXCI	4,480.00
23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS PARTIAL EXCI	4,480.00
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIA OSTECTOMY C	4,480.00
23195	RESECTION HUMERAL HEAD91147 RESECTION, H	4,480.00
23330	REMOVAL OF FOREIGN BODY, SHOULDER, SUBCUTANEOU REMOVAL OF	1,800.00
23331	REMOVAL OF FOREIGN BODY, SHOULDER, DEEP (EG, NEER REMOVAL OF	3,240.00
23395	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM MUSCLE TRAN	6,595.00
23397	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM MUSCLE TRAN	12,185.00
23400	SCAPULOPEXY (EG SPRENGELS OF DEFORMITY OR FOR PA SCAPULOPEXY)	5,195.00
23405	TENOTOMY SHOULDER SINGLE TENDON TENOTOMY SI	4,480.00
23406	TENOTOMY SHOULDER AREA MULTIPLE TENDONS THROU TENOTOMY SI	4,480.00
23410	REPAIR TENDON-ACUTE REPAIR OF RU	6,595.00
23412	REPAIR TENDON-CHRONIC REPAIR OF RU	6,595.00
23415	REL SHOULDER LIGAMENT CORACOACRC	6,595.00
23420	REPAIR SHOULDER RECONSTRUC	6,595.00
23430	REPAIR BICEPS TENDON TENODESIS OF	6,595.00
23440	REMOV/TRANSPLNT TENDON RESECTION OF	6,595.00
23450	CAPSULORRHAPHY-ANTER CAPSULORRH	12,185.00
23455	CAPSULORRHAPHY- ANTER CAPSULORRH	12,185.00
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE, WITH BONE BL CAPSULORRH	12,185.00
23462	CAPSULORRHAPHY-ANTERIOR ANY TYPE WITH CORACOID I CAPSULORRH	6,595.00
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MI CAPSULORRH	12,185.00
23466	CAPSULORRHAPHY-GLENOHUMERAL JOINT ANY TYPE MU CAPSULORRH	6,595.00
23470	ARTHROPLASTY GLENOHUMERAL JOINT HEMIARTHROPLA ARTHROPLAS	18,000.00
23472	ARTHROPLASTY, GLENOHUMERAL JOINT, TOTAL SHOULDI ARTHROPLAS	18,000.00
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIX OSTEOTOMY, I	6,595.00
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIX OSTEOTOMY, I	12,185.00
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING PROPHYLACTI	6,595.00
23491	PROPHYLACTIC PROX HUMERUS PROPHYLACTI	12,185.00
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE, WITHOU CLOSED TREA	1,800.00
23505	CLOSED TREATMNE OF CLAVICULAR FRACTURE WITH M. CLOSED TREA	1,800.00
23515	OPEN TREATMENT OF CLAVICULAR FRACTURE INCLUDE II OPEN TREATM	9,085.00
23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATI CLOSED TREA	1,800.00
23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATI CLOSED TREA	1,800.00
23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION OPEN TREATM	6,305.00
23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION OPEN TREATM	4,015.00

23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION	CLOSED TREATMENT	1,800.00
23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION	CLOSED TREATMENT	1,800.00
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION	OPEN TREATMENT	6,305.00
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION	OPEN TREATMENT	6,305.00
23570	CLOSED TREATMENT OF SCAPULAR FRACTURE, WITHOUT	CLOSED TREATMENT	1,800.00
23575	CLOSED TREATMENT OF SCAPULAR FRACTURE, WITH	CLOSED TREATMENT	1,800.00
23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID)	OPEN TREATMENT	9,085.00
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL)	CLOSED TREATMENT	1,750.00
23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (NON-SURGICAL)	CLOSED TREATMENT	2,330.00
23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL)	OPEN TREATMENT	9,085.00
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (NON-SURGICAL)	OPEN TREATMENT	9,085.00
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY	CLOSED TREATMENT	1,750.00
23625	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY	CLOSED TREATMENT	2,330.00
23630	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL)	OPEN TREATMENT	9,085.00
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH	CLOSED TREATMENT	1,800.00
23655	CLOSED TREATMENT OF SHOULDER DISLOCATION	CLOSED TREATMENT	2,265.00
23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	OPEN TREATMENT	6,305.00
23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH	CLOSED TREATMENT	2,330.00
23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH	OPEN TREATMENT	9,085.00
23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH	CLOSED TREATMENT	2,330.00
23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH	OPEN TREATMENT	6,305.00
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, IN	MANIPULATION	2,265.00
23800	ARTHRODESIS GLENOHUMERAL JOINT	ARTHRODESIS	12,185.00
23802	ARTHRODESIS GLENOHUMERAL JOINT WITH AUTOGENOUS	ARTHRODESIS	6,595.00
23921	DISARTICULATION OF SHOULDER SECONDARY CLOSURE	DISARTICULATION	2,685.00
23929	SHOULDER SURGERY PROC	23929 SHOULDER SURGERY PROC	5,738.00
23930	INCISION DRAINAGE UPPER ARM OR ELBOW AREA DEEP	INCISION AND DRAINAGE	2,810.00
23931	INCISION AND DRAINAGE UPPER ARM OR ELBOW AREA	INCISION AND DRAINAGE	2,810.00
23935	INCISION DEEP WITH OPENING OF BONE CORTEX HUMERUS	INCISION, DEEP	3,265.00
24000	ARTHROTOMY ELBOW INCLUDING EXPLORATION DRAINAGE	ARTHROTOMY	4,480.00
24006	ARTHROTOMY OF ELBOW W/CAPSULAR EXCISION FOR	ARTHROTOMY	4,480.00
24066	BIOPSY SOFT TISSUE OF UPPER ARM OR ELBOW AREA	BIOPSY SOFT TISSUE	2,470.00
24071	EXCISION TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW	EXCISION TUMOR	2,900.00
24073	EXCISION TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW	EXCISION TUMOR	2,470.00
24075	EXCISION TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW	EXCISION, TUMOR	2,470.00
24076	EXCISION TUMOR SOFT TISSUE UPPER ARM OR ELBOW DEEP	EXCISION, TUMOR	3,240.00
24077	RADICAL RESECTION OF TUMOR SOFT TISSUE OF UPPER	RADICAL RESECTION	3,240.00
24100	ARTHROTOMY ELBOW WITH SYNOVIAL BIOPSY ONLY	ARTHROTOMY	3,265.00
24101	ARTHROTOMY ELBOW EXPL	ARTHROTOMY	4,480.00
24102	ARTHROTOMY ELBOW WITH SYNOVECTOMY	ARTHROTOMY	4,480.00
24105	EXCISION OLECRANON BURSA	EXCISION, OLECRANON BURSA	3,265.00
24110	EXCISION OR CURETTAGE OF BONE CYST/BENIGN TUMOR	EXCISION OR CURETTAGE	3,265.00
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	EXCISION OR CURETTAGE	4,480.00
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	EXCISION OR CURETTAGE	4,480.00
24120	EXCISION BONE CYST-TUMOR OF HEAD OR NECK OF RADIAL	EXCISION OR CURETTAGE	3,265.00
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	EXCISION OR CURETTAGE	4,480.00
24126	EXCISION OR CURETTAGE BONE CYST RADIAL HEAD	EXCISION OR CURETTAGE	4,480.00
24130	EXCISION RADIAL HEAD	EXCISION, RADIAL HEAD	4,480.00
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE	SEQUESTRECTOMY	4,480.00
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE	SEQUESTRECTOMY	4,480.00
24138	SEQUESTRECTOMY OLECRANON PROCESS	SEQUESTRECTOMY	4,480.00
24140	EXCISION PARTIAL HUMERAL BONE	PARTIAL EXCISION	4,480.00
24145	EXCISION PARTIAL BONE RADIAL HEAD OR NECK	PARTIAL EXCISION	4,480.00
24147	EXCISION PARTIAL BONE OLECRANON PROCESS	PARTIAL EXCISION	4,480.00
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE AND	RADICAL RESECTION	4,480.00
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK	RADICAL RESECTION	3,285.00
24153	RADICAL RESECTION FOR TUMOR RADIAL HEAD OR NECK	RADICAL RESECTION	4,125.00
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	RESECTION OF ELBOW JOINT	6,595.00
24160	IMPLANT REMOVAL ELBOW JOINT	IMPLANT REMOVAL	4,480.00

24164	IMPLANT REMOVAL RADIAL HEAD	IMPLANT REM	4,480.00
24200	REMOVAL OF FOREIGN BODY UPPER ARM OR ELBOW SUBCUTANEOUS	REMOVAL OF	1,525.00
24201	REM FB UP ARM/ELB-DEEP	REMOVAL OF	2,470.00
24300	MANIPULATE ELBOW ANESTHESIA	MANIPULATIO	2,265.00
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM C	MUSCLE OR TI	4,480.00
24305	TENDON LENGTHENING UPPER ARM OR ELBOW EACH TEN	TENDON LENC	4,480.00
24310	TENOTOMY OPEN ELBOW TO SHOULDER EA TENDON	TENOTOMY, O	3,265.00
24320	TENOPLASTY WITH MUSCLE TRANSFER WITH OR WITHOUT	TENOPLASTY	6,595.00
24331	FLEXOR-PLASTY ELBOW (EG, STEINDLER TYPE ADVANCE	FLEXOR-PLAS	6,595.00
24332	TENOLYSIS TRICEPS	TENOLYSIS, TI	3,265.00
24340	TENODESIS BICEP TENDON-ELBOW	TENODESIS OF	6,595.00
24341	REPAIR TENDON OR MUSCLE UPPER ARM EA PRIMARY OR	REPAIR, TEND	6,595.00
24342	REINSERTION OF REPTURED BICEPS OR TRICEPS TENDON	REINSERTION	6,595.00
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH	REPAIR LATER	4,480.00
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELB	RECONSTRUC	12,185.00
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW WITH LO	REPAIR MEDIA	4,480.00
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT ELBO	RECONSTRUC	6,595.00
24350	FASIOTOMY-LAT/MEDIAL	FASIOTOMY,	5,175.00
24351	FASIOTOMY-W/EXT DET	FASIOTOMY,	5,175.00
24354	FASIOTOMY-W/STRIP	FASIOTOMY,	5,175.00
24356	FASIOTOMY-REVISION	FASIOTOMY,	5,175.00
24357	TENOTOMY ELBOW LATERAL OR MEDIAL (EG, EPICONDYL	TENOTOMY EI	4,480.00
24358	TENOTOMY ELBOW LATERAL OR MEDIAL (EG, EPICONDYL	TENOTOMY EI	4,480.00
24359	TENOTOMY DEBRIDEMENT SOFT TISSUE AND/OR BONE OP	TENOTOMY DI	4,480.00
24360	ARTHROPLASTY ELBOW WITH MEMBRANE (EG, FASCIAL)	ARTHROPLAS	5,510.00
24361	ARTHROPLASTY ELBOW WITH DISTAL HUMERAL PROSTHE	ARTHROPLAS	18,745.00
24362	ARTHROPLASTY ELBOW WITH IMPLANT AND FASCIA LAT	ARTHROPLAS	7,805.00
24363	ARTHROPLASTY ELBOW WITH DISTAL HUMERUS AND PRC	ARTHROPLAS	18,745.00
24365	ARTHROPLASTY RADIAL HEAD	ARTHROPLAS	18,745.00
24366	ARTHROPLASTY RADIAL HEAD WITH IMPLANT	ARTHROPLAS	18,745.00
24400	OSTEOTOMY HUMERUS WITH OR WITHOUT INTERNAL FIX	OSTEOTOMY I	4,480.00
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAN	MULTIPLE OST	9,600.00
24420	OSTEOPLASTY HUMERUS	OSTEOPLASTY	6,595.00
24430	REPAIR HUMERUS WITHOUT GRAFT	REPAIR OF NO	12,185.00
24435	REPAIR HUMERUS W/ GRAFT	REPAIR OF NO	12,185.00
24470	HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALG	HEMIEPIPHYSI	6,595.00
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING	PROPHYLACTI	12,185.00
24505	CLOSED HUMERUS FRACTURE WITH MANIPULATION W/WI	CLOSED TREA	1,800.00
24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH	OPEN TREATM	9,085.00
24516	TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSER	TREATMENT C	9,085.00
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCON	CLOSED TREA	1,800.00
24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANCON	CLOSED TREA	1,800.00
24538	PERC HUMERUS FRACT	PERCUTANEOI	4,015.00
24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TR	OPEN TREATM	9,085.00
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TR	OPEN TREATM	12,500.00
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACT	CLOSED TREA	1,800.00
24565	CLOSED TREATMENT HUMERAL EPICONDYLAR FRACTURE	CLOSED TREA	2,330.00
24566	PERCUTANEOUS SKELETAL FIXATION HUMERAL FX W/MA	PERCUTANEOI	4,015.00
24575	OPEN TREATMENT HUMERUS FRACT MEDIAL/LATERAL IN	OPEN TREATM	9,085.00
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE	CLOSED TREA	1,800.00
24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE	CLOSED TREA	1,800.00
24579	OPEN TREATMENT HUMERUS COND FRACT MEDIAL/LATE	OPEN TREATM	9,085.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL COND	PERCUTANEOI	4,015.00
24586	OPEN TX PERIAR FX/DIS ELBOW	OPEN TREATM	9,085.00
24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR	OPEN TREATM	9,085.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT	TREATMENT C	1,800.00
24065	BIOPSY SOFT TISSUE OF UPPER ARM OR ELBOW AREA	SUP BIOPSY SOFT	2,470.00
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRIN	TREATMENT C	2,330.00
24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOC	OPEN TREATM	9,085.00

24620	CLOSED MONT FX DISLOC-ELBOW	CLOSED TREA	2,330.00
24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DI	OPEN TREATM	9,085.00
24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN C	CLOSED TREA	1,200.00
24650	CLOSED TREATMENT RADIAL HEAD/NECK FRACTURE WIT	CLOSED TREA	1,200.00
24655	CLOSED TREATMENT OF RADIAL HEAD/NECK FRACTURE V	CLOSED TREA	1,800.00
24665	OPEN TX RAD HEAD/NECK FX	OPEN TREATM	6,305.00
24666	OPEN TX RADIAL HEAD/NECK W/PROSTHETIC	OPEN TREATM	9,085.00
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL EN	CLOSED TREA	1,800.00
24675	CLOSED TX OF ULNAR FRACTURE PROXIMAL END WITH M	CLOSED TREA	1,800.00
24685	OPEN ULNAR FRACT	OPEN TREATM	6,305.00
24800	ARTHRODESIS ELBOW JOINT LOCAL	ARTHRODESIS	6,595.00
24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT	ARTHRODESIS	6,595.00
24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CL	AMPUTATION,	3,265.00
24999	UPPER ARM/ELBOW SURG	24999 UPPE	8,763.00
25000	INCISION EXTENSOR TENDON SHEATH WRIST EG DEQUER'	INCISION, EXT	3,265.00
25001	INCISION FLEX TEND SHEATH	25001 INCI	3,265.00
25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST	DECOMPRESSI	3,265.00
25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST	DECOMPRESSI	4,480.00
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST	DECOMPRESSI	4,480.00
25025	DECOMPRESSION FASCIOTOMY FOREARM/WRIST FLEXOR	DECOMPRESSI	4,480.00
25028	INCISION AND DRAINAGE FOREARM/WRIST DEEP ABSCESS	INCISION AND	3,265.00
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST, BUR	INCISION AND	3,265.00
25035	INCISION DEEP BONE CORTEX FOREARM AND/OR WRIST (E	INCISION DEE	3,265.00
25040	ARTHROTOMY RADIOCARPAL OR MIDCARPAL JOINT WITH	ARTHROTOMY	4,480.00
25065	BIOPSY SOFT TISSUE OF FOREARM AND/OR WRIST SUPERF	BIOPSY SOFT	1,750.00
25066	BIOPSY SOFT TISSUE FOREARM/WRIST DEEP	BIOPSY, SOFT	3,240.00
25071	EXCISION TUMOR SOFT TISSUE OF FOREARM AND/OR WRI	25071	3,240.00
25073	EXCISION TUMOR SOFT TISSUE OF FOREAMR AND/OR WRI	25073	3,240.00
25075	EXCISION TUMOR SOFT TISSUE OF FOREARM/WRITST SUB	EXCISION, TUM	2,470.00
25076	EXCISION TUMOR FOREARM/WRITST DEEP	EXCISION, TUM	3,240.00
25077	RADICAL RESECTION OF TUMOR FOREARM/WRITS	RADICAL RESI	3,240.00
25085	CAPSULATOMY WRIST	CAPSULOTOM	3,265.00
25100	ARTHROTOMY WRIST JNTW/BIOPSY	ARTHROTOMY	3,265.00
25101	ARTHROTOMY WRIST JNT EXP	ARTHROTOMY	4,480.00
25105	ARTHROTOMY WRIST SYNOV	ARTHROTOMY	4,480.00
25107	ARTHRTMY DIST RAD CART	ARTHROTOMY	4,480.00
25109	EXCISION TENDON FOREARM/WRIST FLEXOR EXTENSOR E	EXCISION OF 1	3,265.00
25110	EXCISION LESION TENDON SHEATH FOREARM/WRIST	EXCISION, LES	3,265.00
25111	EXCISION GANGLION WRIST PRIMARY	EXCISION OF C	3,060.00
25112	EXCISION GANGLION WRIST RECURRENT	EXCISION OF C	3,315.00
25115	RADICAL EXCISION OF BURSA SYNOVIA OF WRIST	RADICAL EXCI	3,315.00
25116	RADICAL EXCISION OF BURSA SYNOVIA WRIST/FOREARM	RADICAL EXCI	3,315.00
25118	SYNOVECTOMY EXTENSOR TENDON SHEATH WRIST SINGI	SYNOVECTOM	4,480.00
25119	SYNOVECTMY WRIST/TEND S	SYNOVECTOM	4,480.00
25120	EXECISION BONE LES-RAD/ULN-AUTO	EXCISION OR C	4,480.00
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM	EXCISION OR C	4,480.00
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM	EXCISION OR C	4,480.00
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM	EXCISION OR C	4,480.00
25135	EXC BONE CYST CRP W/GR	EXCISION OR C	4,480.00
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM	EXCISION OR C	4,480.00
25145	SEQUESTRECTOMY FOREARM/WRIST	SEQUESTRECT	4,480.00
25150	PARTIAL EXCISION BONE ULNA	PARTIAL EXCI	4,480.00
25151	PARTIAL EXCISION BONE-RADIUS	PARTIAL EXCI	4,480.00
25170	RADICAL RESECTION TUMOR-RAD/ULN	25170 RAD	3,285.00
25210	CARPECTOMY 1 BONE	CARPECTOMY	4,035.00
25215	CARPECTOMY ALL BONES	CARPECTOMY	4,035.00
25230	RADIUS STYLOIDECTOMY	RADIAL STYLC	4,480.00
25240	EXCISION DISTAL ULNA PARTIAL OR COMPLETE	EXCISION DISI	4,480.00
25248	EXPLORATION WITH REMOVAL DEEP FB,WRIST	EXPLORATION	3,265.00

25250	REMOVAL WRIST PROSTHESIS	REMOVAL OF	4,480.00
25251	REMOVAL OF WRIST PROSTHESIS COMPLICATED INCLUDING	REMOVAL OF	4,480.00
25259	MANIPULATION WRIST UNDER ANESTHESIA	MANIP WRIST	1,800.00
25260	REPAIR TENDN/MUSC PRM SINGLE EA TENDON OR MUSCLE	REPAIR, TEND	4,480.00
25263	REPAIR TENDN/MUSC SECONDARY SINGLE EA TENDON OR	REPAIR, TEND	4,480.00
25265	REPAIR TENDON OR MUSCLE EXTENSOR FOREARM AND/O	REPAIR, TEND	4,480.00
25270	REPAIR TENDON/MUSCLE EXTEN FOREARM/WRIST PRIM SI	REPAIR, TEND	4,480.00
25272	REPAIR TENDON OR MUSCLE EXTENSOR FOREARM AND/O	REPAIR TEND	4,480.00
25274	REPAIR TENDON/MUSCLE EXTENSOR FOREARM/WRIST SEC	REPAIR, TEND	4,480.00
25275	REPAIR TENDON SHEATH EXTENSOR FOREARM/WRIST W/	REPAIR TEND	4,480.00
25280	LENGTH/SHORT FLEX/EXTENS TEND	LENGTHENINC	4,480.00
25290	TENOTOMY-OPEN-ARM/WRST	TENOTOMY, O	4,480.00
25295	TENOLYSIS ARM/WRST	TENOLYSIS FL	3,265.00
25300	TENODESIS WRIST-FLEXORS	TENODESIS AT	4,480.00
25301	TENODESIS AT WRIST EXTENSORS OF FINGERS	TENODESIS WI	4,480.00
25310	TENDON TRANSPLANT FLEX/EX FOREARM/WRIST SINGLE I	TENDON TRAN	6,595.00
25312	TENDON TRANSPLANTATION/TRANSFER FLEXOR/EXTENS	TENDON TRAN	6,595.00
25315	FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKM	FLEXOR ORIGI	6,595.00
25316	FLEXOR ORIGIN SLIDE FOREARM/WRIST WITH TENDON TR	FLEXOR ORIGI	12,185.00
25320	RECONST WRIST JOINT	CAPSULORRH,	6,595.00
25332	ARTHROPLAST WRIST JNT	ARTHROPLAS	5,510.00
25335	CENTRALIZ WRIST/ULNA	CENTRALIZAT	6,595.00
25337	RECONSTRUC FOR STABILIZATION OF UNSTABLE DISTAL I	RECONSTRUC	6,595.00
25350	OSTEOTOMY RADIUS DISTAL THIRD	OSTEOTOMY F	12,185.00
25355	OSTEOTOMY RADIUS MIDDLE OR PROXIMAL THIRD	OSTEOTOMY,	6,595.00
25360	OSTEOTOMY ULNA	OSTEOTOMY U	4,480.00
25365	OSTEOTOMY RADIUS AND ULNA	OSTEOTOMY F	6,500.00
25375	OSTEOTOMIES MULTIPLE W/REALIGNMENT ON INTRAMED	MULTIPLE OST	6,595.00
25390	OSTEOPLASTY RADIUS OR UL	OSTEOPLASTY	4,480.00
25391	OSTEOPLASTY RADIUS OR ULNA LENGTHENING WITH AUT	OSTEOPLASTY	7,800.00
25392	OSTEOPLASTY RADIUS AND ULNA SHORTENING (EXCLUDI	OSTEOPLASTY	4,480.00
25393	OSTEOPLASTY RADIUS AND ULNA LENGTHENING WITH AL	OSTEOPLASTY	6,595.00
25394	OSTEOPLASTY CARPAL BONE SHORTENING	OSTEOPLASTY	2,685.00
25400	REPAIR NONUNION RAD ULNA	REPAIR OF NO	12,185.00
25405	REPAIR RADIUS OR ULNA WITH GRAFT	REPAIR OF NO	12,185.00
25415	REPAIR RADIUS AND ULNA WITHOUT GRAFT	REPAIR OF NO	12,185.00
25420	REPAIR RADIUS AND ULNA WITH GRAFT	REPAIR OF NO	12,185.00
25425	REPAIR DEFECT RADIUS OR ULNA WITH GRAFT	REPAIR OF DEI	6,595.00
25426	REPAIR RADIUS ULNA WITH AUTOGRAFT	REPAIR DEFEC	6,595.00
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE EG	INSERTION OF	4,035.00
25431	REP NONUNION CARPAL BONE	25431 REP	4,035.00
25440	REP NONUNION SCAPHIOD	REPAIR OF NO	12,185.00
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTA	ARTHROPLAS	18,745.00
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTA	ARTHROPLAS	18,745.00
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPH	ARTHROPLAS	7,805.00
25445	ARTHPLSTY PROSTH-TRAP	ARTHROPLAS	7,805.00
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT DISTA	ARTHROPLAS	18,745.00
25447	ARTHROPLASTY INTERPOSITION INTERCARPAL OR CARPA	ARTHROPLAS	5,510.00
25449	REVISION ARTHOPLASTY INCLUDING REMOVAL OF IMPLA	REVISION OF /	5,510.00
25450	EPIPHYSEAL ARREST BY EPIPHYSEAL OR STAPLING; DIEPI	EPIPHYSEAL A	6,595.00
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING	PROPHYLACTI	6,595.00
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING	PROPHYLACTI	6,595.00
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING	PROPHYLACTI	6,595.00
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE WITHC	CLOSED TREA	1,200.00
25505	CLOSED TREATMENT OF RADIAL SHAFT FRAC WITH MANI	CLOSED TREA	1,800.00
25515	OPEN RADIAL FRACT INCLUDES INTERNAL FIX	OPEN TREATM	6,305.00
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND C	CLOSED TREA	1,800.00
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUD	OPEN TREATM	6,305.00
25530	CLOSED TX OF ULNAR SHAFT FRAC WITHOUT MANI	CLOSED TX UI	1,200.00

25535	CLOSED TX ULNAR SHAFT FRACTURE WITH MANI	CLOSED TREA	1,800.00
25545	OPEN ULNA FRACT	OPEN TREATM	6,305.00
25560	CLOSED TX OF RADIAL/ULNAR SHAFT FRACTURES WITHO	CLOSED TREA	1,200.00
25565	CLOSED TX OF RADIAL/ULNAR SHAFT FRACTUES WITH MA	CLOSED TREA	2,330.00
25574	OPEN TX OF RADIAL AND ULNAR SHAFT FRACTURES WITH	OPEN TREATM	9,085.00
25575	OPEN RADIUS/ULNA FX	OPEN TREATM	9,085.00
25600	CLOSED TX OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL	CLOSED TREA	1,500.00
25605	CLSD DIST RADIAL FX W/	CLOSED TREA	2,685.00
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTALRADIAL	25606	4,015.00
25607	OPEN TRTMT DISTAL RADIAL W INTERNAL FIX	25607	9,085.00
25608	OPEN TX OF DISTAL RADIAL INTRAARTICULAR FRAC OR E	OPEN TX OF D	9,085.00
25609	OPEN TX OF DISTAL RADIAL INTRAARTICULAR FRACTURE	OPEN TX OF D	9,085.00
25611	PERC FIX DIST RAD FX	PERCUTANEO	5,175.00
25620	OPEN DIST RADIAL FX	OPEN TREATM	7,426.00
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR)	CLOSED TREA	1,200.00
25624	CLOSED TX OF CARPAL SCAPHOID FRAC WITH MANI	CLOSED TREA	2,330.00
25628	OPEN CARPAL SCAPHOD FX	OPEN TREATM	6,305.00
25630	CLOSED TX OF CARPAL BONE FRACTURE WITHOUT MANI	CLOSED TREA	1,200.00
25635	CLOSED TX OF CARPAL BONE FRACTURE WITH MANI EA B	CLOSED TREA	1,800.00
25645	OPEN FX CARPAL BONE	OPEN TREATM	6,305.00
25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	CLOSED TREA	1,200.00
25651	PERCUTANEOUS SKELETAL FIX OF ULNAR STYLOID FRAC	PERCUTANEO	4,015.00
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	OPEN TRT ULN	6,305.00
25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL	CLOSED TREA	1,800.00
25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DI	OPEN TREATM	4,015.00
25671	PERCUTANEOUS SKELETAL FIX OF DISTAL RADIOULNAR D	PERCUTANEO	4,015.00
25675	CLSD WRIST DISLOC MANIPULATION	CLOSED TREA	1,800.00
25676	OPEN TRTMT DISTAL RADIOULNAR DISLOCATION ACUTE (	OPEN TRTMT I	4,015.00
25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE	CLOSED TREA	2,330.00
25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE O	OPEN TREATM	4,015.00
25690	OPEN TREATMENT OF LUNATE DISLOCATION	CLOSED TREA	1,800.00
25695	OPEN TREAT OF LUNATE DISLOCAT	OPEN TREATM	4,015.00
25800	ARTHRODESIS WRIST COMPLETE WITHOUT BONE GRAFT (I	ARTHRODESIS	12,185.00
25805	ARTHRODESIS WRIST WITH SLIDING GRAFT	ARTHRODESIS	6,595.00
25810	ARTHRODESIS WRIST WITH AUTOGRAFT (INCLUDES OBTA	ARTHRODESIS	12,185.00
25820	ARTHRODESIS WRIST W/O GR	ARTHRODESIS	3,315.00
25825	ARTHRODESIS WRIST W/AUTO	ARTHRODESIS	12,185.00
25830	ARTHRODESIS DISTAL RADIOULNAR JOINT WITH SEGMENT	ARTHRODESIS	12,185.00
25907	AMPUTATION FOREARM THROUGH RADIUS AND ULNA SEC	AMPUTATION	3,265.00
25929	TRANSMETACARPAL AMPUTATION SECONDARY CLOSURE	TRANSMETAC	2,685.00
25931	TRANSMETACARPAL AMPUTATION RE AMPUTATION	TRANSMETAC	1,800.00
25999	MISC PRC FOREARM/WRIST	25999 MISC	4,827.00
26100	ARTHROTOMY WITH BIOPSY, CARPOMETACARPAL JOINT,	ARTHROTOMY	2,525.00
26010	DRAIN FINGER ABCESS	DRAIN FINGER	1,200.00
26011	DRAIN FINGER ABSCESS COMPLICATED (EG, FELON)	DRAINAGE OF	2,045.00
26020	DRAIN OF TENDON SHEATH DIGIT AND/OR PALM EA	DRAINAGE OF	2,525.00
26025	DRAIN OF PALMAR BURSA SINGLE BURSA	DRAINAGE OF	2,525.00
26030	DRAIN OF PALMAR BURSA MULTIPLE BURSA	DRAIN OF PAL	2,525.00
26034	INCIS BONE CORTEX- AND	INCISION BON	2,525.00
26035	DECOMPRESS FINGERS AND OR HAND INJECTION INJURY	DECOMPRESSI	3,315.00
26037	DECOMPRESS FASCIOTOMY HAND	DECOMPRESS	3,315.00
26040	FASCIOTOMY PALMAR PERCUTANEOUS	FASCIOTOMY,	4,035.00
26045	FASCIOTOMY PALMAR OPEN PARTIAL	FASCIOTOMY,	4,035.00
26055	TENDON SHEATH INCISION EG FOR TRIGGER FINGER	TENDON SHEA	2,652.00
26060	TENOTOMY PERCUTANEOUS SINGLE EA DIGIT	TENOTOMY PI	2,525.00
26070	ARTHROTOMY WITH EXPLORATION DRAINAGE OR REMOV	ARTHROTOMY	2,525.00
26075	ARTHROTOMY WITH EXPLORATION DRAINAGE OR REMOV	ARTHROTOMY	3,315.00
26080	ARTHROTOMY WITH EXPLORATION DRAINAGE OR REMOV	ARTHROTOMY	3,315.00
26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL J	ARTHROTOMY	2,525.00

26110	ARTHROTOMY WITH BIOPSY INTERPHALANGEAL JOINT EA ARTHROTOMY	2,525.00
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE	3,240.00
26113	EXCISION TUMOR SOFT TISSUE OR VASCULAR MALFORMATION	3,240.00
26115	EXCISION TUMOR OR VASC MALFORMATION HAND/FINGER	3,240.00
26116	EXCISION TUMOR VASCULAR MALFORM DEEP	3,240.00
26117	RADICAL RESECTION OF TUMOR SOFT TISSUE OF HAND/FINGER	3,240.00
26121	FASCIECTOMY PALM	4,035.00
26123	FASCIECTOMY PART PALM	4,035.00
26125	FASCIECTOMY PRT PALM ADDTL	3,315.00
26130	SYNOVCTMY CARPOMET JNT	2,685.00
26135	SYNOVCTMY METACARPOPHAL	4,035.00
26140	SYNOVCTMY METACARP JNT	2,525.00
26145	SYNOVCTMY TND SHTH-FING	2,685.00
26160	EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE	3,060.00
26170	EXCISION OF TENDON PALM FLEXOR/EXTENSOR SINGLE END	2,685.00
26180	EXCISION OF TENDON FINGER FLEXOR EXTENSOR EA TENDON	2,685.00
26185	SESAMOIDECTOMY THUMB OR FINGER	3,315.00
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	2,525.00
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	0.00
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	2,525.00
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	2,685.00
26230	PARTIAL EXCISION BONE METACARP	5,195.00
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR PARTIAL EXCI	2,685.00
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR PARTIAL EXCI	2,685.00
26250	RADICAL RESECTION, METACARPAL (EG, TUMOR);91738	2,685.00
26255	RADICAL RESECTION METACARPAL WITH AUTOGRAFT	4,035.00
26260	RADICAL RESECTION PROXIMAL OR MIDDLE PHALANX OF FINGER	2,685.00
26261	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER	2,685.00
26262	RADICAL RESECTION DISTAL PHALANX OF FINGER	2,525.00
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	2,470.00
26340	MANIPULATION FINGER JOINT UNDER ANESTHESIA EACH	1,800.00
26350	REPAIR FLEXOR TENDON PRI OR SEC WITHOUT FREE GRAFT	4,035.00
26352	REPAIR FLEXOR TENDON SECONDARY	4,035.00
26356	REPAIR FINGER HAND TENDON	4,035.00
26357	REPAIR FINGER HAND TENON SEC	4,035.00
26358	REPAIR FINGER HAND TENDON WITH FREE GRAFT	4,035.00
26370	REPAIR PROFUNDUS TENDON PRIM	4,035.00
26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH	4,035.00
26373	REPAIR PROF TENDO-SECOND	4,035.00
26390	EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC	4,035.00
26392	REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON	4,035.00
26410	REPAIR EXTENSOR TENDON HAND PRI OR SEC WITHOUT FREE GRAFT	2,685.00
26412	REPAIR EXTENSOR TENDON HAND PRIMARY OR SECONDARY	4,035.00
26416	REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON	4,035.00
26418	REPAIR EXT TENDON CENTRAL SLIP SECONDARY (EG, BOWEN)	3,315.00
26420	REPAIR EXT TENDON FINGER W/	4,035.00
26426	REPAIR EXT CENT SLP TENDN	4,035.00
26428	REPAIR EXT TENDON CENTRAL SLIP SEC WITH FREE GRAFT	4,035.00
26432	CLOSED DIST EXT TENDON	2,685.00
26433	REPAIR EXT TENDON DIST INS	2,685.00
26434	REPAIR EXT TENDON DISTAL INSERT PRI OR SEC WITH FREE GRAFT	4,035.00
26437	REALIGN HAND TENDONS	2,685.00
26440	TENOLYSIS FLX TND PM/FNG	2,685.00
26442	TENOLYSIS FLX TND PM/FNG	4,035.00
26445	TENOLYSIS FLX TND HD/FNG	2,685.00
26449	TENOLYSIS FLX TND FNG CS	4,035.00
26450	TENOTOMY FLEXOR PALM OPEN EA TENDON	2,685.00
26455	TENOTOMY FLEX FINGER OPEN EA TENDON	2,685.00
26460	TENOTOMY EXTENSOR OPEN EA	2,685.00

26471	TENDESI PRX INTPHL JT	TENODESIS; O	2,525.00
26474	TENDESI DISTAL JT	TENODESIS; O	2,525.00
26476	LENGTHENING OF TENDON EXTENSOR HAND OR FINGER E	LENGTHENINC	2,525.00
26477	SHORTENING OF TENDON EXTENSOR HAND FINGER EA TE	SHORTENING (	2,525.00
26478	LENGTHENING TENDON FLEXOR HAND FINGER EA TENDO	LENGTHENINC	2,525.00
26479	SHORTENING TENDON FLEXOR HAND FINGER EA TENDON	SHORTENING (	2,525.00
26480	TRANSPLANT HAND TENDON	TRANSFER OR	4,035.00
26483	TRANSPLANT OF TENDON PALMAR WITHOUT FREE TENDO	TRANSFER OR	4,035.00
26485	TRANSPLANT TENDON PALMAR WITHOUT GRAFT EA TENI	TRANSPLANT (	4,035.00
26490	OPPONENSPLASTY SUPERFICIALIS TENDON TRANSFER TYI	OPPONENSPLA	4,035.00
26492	OPPONENSPLASTY TENDON TRANSFER WITH GRAFT (INCL	OPPONENSPLA	4,035.00
26494	OPPONENSPLASTY HYPOTHENAR MUSCLE TRANSFER	OPPONENSPLA	4,035.00
26496	OPPONENSPLASTY OTHER METHODS	OPPONENSPLA	4,035.00
26497	TRANSFER TENDON TO RESTORE INTRINSIC FUNCTION RIN	TRANSFER OF	4,035.00
26498	TRANSFER TENDON TO RESTORE INTRINSIC FUNCTION; AI	TRANSFER OF	4,035.00
26500	RECONST TENDON PULLEY EACH TENDON WITH TENDON	RECONSTRUC	3,315.00
26502	RECONST TENDON PULLEY WITH GRAFT	RECONST TEN	4,035.00
26508	RELEASE OF THENAR MUSCLE	RELEASE OF T	2,685.00
26510	CROSS INTRINSIC TRANSFER EA TENDON	CROSS INTRIN	4,035.00
26516	CAPSULODESIS METACARPOPHALANGEAL JOINT SINGLE I	CAPSULODESI	4,035.00
26517	CAPSULODESIS METACARPOPHALANGEAL JOINT TWO DIG	CAPSULODESI	4,035.00
26518	CAPSULODESIS METACARPOPHALANGEAL JOINT THREE O	CAPSULODESI	4,035.00
26520	CAPSULECTOMY METAPHAL JOINT EA JOINT	CAPSULECTON	2,685.00
26525	CAPSULECTOMY INTERPHANLANGEAL EA JOING	CAPSULECTON	2,685.00
26530	ARTHPLAST METCARP JNT	ARTHROPLAS	5,510.00
26531	ARTHPLAST METCRP JT W/JP	ARTHROPLAS	7,805.00
26535	ARTHPLAST INTPHAL EA JOINT	ARTHROPLAS	5,510.00
26536	ARTHPLAST INTPHL JT WITH IMPLANT	ARTHROPLAS	7,805.00
26540	REPAIR HAND JOINT	REPAIR OF CO	3,315.00
26541	RECONSTRUCT LIG METCARPPH JNT WITH GRAFT	RECONSTRUC	5,195.00
26542	RECONSTRUCT LIG METCARPPH JNT TISSUE	RECONSTRUC	3,315.00
26545	RECONSTRUCT COLLATERAL LIG INTERPHALANGEAL JOIN	RECONSTRUC	4,035.00
26546	REPAIR FINGER JNT	REPAIR NON-L	4,035.00
26548	RECONSTRUCT FINGER JNT VOLAR PLATE INTERPHALANC	REPAIR AND R	4,035.00
26550	POLLICIZATION OF A DIGIT91840	POLLICIZATIO	4,035.00
26555	TRANSFER FINGER TO ANOTHER POSITION WITHOUT MICR	TRANSFER, FI	4,035.00
26560	REPAIR SYNDACTYLY EA WEB	REPAIR OF SYI	2,525.00
26561	REPAIR SYNDACTYLY EA WEB SPACE WITH SKIN FLAPS AJ	REPAIR OF SYI	4,035.00
26562	REPAIR SYNDACTYLY EA WEB SACE COMPLEX	REPAIR OF SYI	4,035.00
26565	OSTEOTOMY METACARPAL EACH	OSTEOTOMY M	4,035.00
26567	OSTEOTOMY PHALANX OF FINGER EA	OSTEOTOMY I	4,035.00
26568	OSTEOPLASTY LENGTHENING METACARPAL PHALANX	OSTEOPLASTY	4,035.00
26580	REPAIR CLEFT HAND	REPAIR CLEFT	3,760.00
26587	RECONSTRUCT OF POLYDACTYLOUS DIGIT SOFT TISSUE A	RECONSTRUC	3,760.00
26590	REPAIR MACRODACTYLIA EACH DIGIT	REPAIR MACR	3,760.00
26591	REPAIR INTRINSIC MUSCLES OF HAND EACH MUSCLE	REPAIR INTRIN	4,035.00
26593	RELEASE INTRINSIC MUSCLES OF HAND EA MUSCLE	RELEASE INTR	2,685.00
26596	EXCISION CONSTRICTIVE RNG FING	EXCISION OF C	2,525.00
26600	CLOSED METACARPAL FRACTURE SINGLE W/O MANIPULA	CLOSED TRMT	1,200.00
26605	CLOSED METACARPL FX W/MN	CLOSED TREA	2,330.00
26607	CLOSOD METACARPL FX W/MN WITH EXTERNAL FIX EA B	CLOSED TREA	2,330.00
26608	PERCUTANEOUS FIX METACARP FX EA BIBE	PERCUTANEOI	4,015.00
26615	OPEN METACARPAL FX SINGLE INTERAL FIX EA BONE	OPEN TREATM	6,305.00
26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATIO	CLOSED TREA	1,200.00
26645	CLOSED CARPOMETACARPAL TX FRACTURE DISLOCATION	CLOSED TREA	1,800.00
26650	PERCUTANEOUS CRPMET THUMB FX	PERCUTANEOI	4,015.00
26665	OPEN TX CRPMTCRPL FX THUMB INCLUDES INTER FIX	OPEN TREATM	6,305.00
26670	CLOSED CARPOMETA DISLOC OTHERN THAN THUMB	CLOSED TREA	1,200.00
26675	CLOSED TX CARPOMETACARP FX WITH MANI	CLOSED TREA	2,330.00

26676	PERCUTANEOUS CARPOMETACARP DISLOCATION OTHER THAN OPEN TREATMENT	PERCUTANEOUS	4,015.00
26685	OPEN TX OF CARPOMETACARPAL DISLOCATION OTHER THAN OPEN TREATMENT	OPEN TREATMENT	4,015.00
26686	OPEN TX CARPOMETACARPAL DISLOCATION OTHER THAN OPEN TREATMENT	OPEN TREATMENT	9,085.00
26700	CLOSED TX METACARP DISLOCATION SINGLE WITH MANIPULATION	CLOSED TREATMENT	1,200.00
26705	CLOSED TX METACARP DISLOC SINGLE WITH MANIPULATION	CLOSED TREATMENT	2,330.00
26706	PERCUTANEOUS SKEL FIX METCARP DIS	PERCUTANEOUS	2,330.00
26715	OPEN TX METCRPPHAL DISLOC SINGLE INCL INTERNAL FIXATION	OPEN TREATMENT	4,015.00
26720	CLOSED TX PHALANGEAL SHAFT FX PROXIMAL OR MIDDLE	CLOSED TX PH	1,500.00
26725	CLOSED TX PHALANGEAL SHFT FX WITH MANIPULATION	CLOSED TX PH	2,200.00
26727	PERCUTANEOUS FINGER FX WITH MANIPULATION	PERCUTANEOUS	5,916.00
26735	OPEN TX PHALANGEAL SHAFT FX PROXIMAL MIDDLE PHALANX	OPEN TREATMENT	4,015.00
26740	CLOSED TX OF ARTICULAR FX	CLOSED TREATMENT	1,200.00
26742	CLOSED TX ARTICU FX W/MANIP EACH	CLOSED TREATMENT	2,330.00
26746	OPEN TX ARTIC FINGR FX EA	OPEN TREATMENT	4,015.00
26750	CLOSED TX OF DISTAL PHALANGEAL FX FINGER THUMB W/	CLOSED TREATMENT	1,200.00
26755	CLOSED TX DIST PHAL FX WITH MANIPULATION	CLOSED TX DI	1,800.00
26756	PERCUTANEOUS TX DISTAL PHALANGEAL FX FINGER THUMB	PERCUTANEOUS	4,015.00
26765	OPEN TX DIST PHAL FX EA	OPEN TX OF C	4,015.00
26770	CLOSED TX INTRPHAL JNT FX	CLOSED TX IN	1,800.00
26775	CLOSED TX OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE	CLOSED TREATMENT	2,265.00
26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL	PERCUTANEOUS	4,015.00
26785	OPEN TX OF INTERPHALANGEAL JOINT DISLOCATION INCLUDING	OPEN TX OF IN	4,015.00
26820	FUSION IN OPPOSITION THUMB WITH AUTOGENOUS GRAFT	FUSION IN OP	4,035.00
26841	ARTHRODES CARPOMETCRPPHL JNT	ARTHRODESIS	4,035.00
26842	ARTHRODES CARPOMETACARPAL JOINT THUMB WITH OR WITHOUT	ARTHRODES C	4,035.00
26843	ARTHRODES CARPOMETACARPAL JOINT DIGIT OTHER THAN THUMB	ARTHRODES C	4,035.00
26844	ARTHRODES CARPOMETCRPPHL JNT	ARTHRODESIS	4,035.00
26850	ARTHRODES METCRPPHL JNT WITH OR WITHOUT INTERNAL FIXATION	ARTHRODESIS	4,035.00
26852	ARTHRODES METACARPOPHALANGEAL JT WITH OR WITHOUT	ARTHRODESIS	4,035.00
26860	ARTHRODES INTERPHL JNT	ARTHRODESIS	4,035.00
26861	ARTHRODES INRPHL JT ADD	ARTHRODESIS	4,035.00
26862	ARTHRODESIS INTERPHALANGEAL JOINT W/O INTERNAL FIXATION	ARTHRODESIS	4,035.00
26863	ARTHRODES INTERPHALANGEAL JT WITH OR WITHOUT INTERNAL FIXATION	ARTHRODESIS	4,035.00
26910	AMPUTATION METACARPAL W/FINGER OR THUMB SINGLE	AMPUTATION	4,035.00
26951	AMPUTATION FINGER THUMB PRI OR SEC	AMPUTATION	2,525.00
26952	AMPUTATION FINGER THUMB PRI OR SEC WITH LOCAL ANESTHESIA	AMPUTATION,	3,315.00
26989	MISC PROC-HAND/FINGERS	26989 MISC	3,767.00
26990	INCISION AND DRAINAGE PELVIS OR HIP JOINT AREA DEEP	INCISION AND	3,265.00
26991	INCISION AND DRAINAGE PELVIS OR HIP JOINT AREA INFRA	INCISION AND	3,265.00
27000	TENOTOMY ADDUCTOR OF HIP PERCUTANEOUS SEPARATION	TENOTOMY AI	3,265.00
27001	TENOTOMY ADDUCTOR OF HIP OPEN	TENOTOMY AI	4,480.00
27003	TENOTOMY ADDUCTOR SUBCUTANEOUS OPEN WITH OBSTRUCTION	TENOTOMY AI	4,480.00
27033	ARTHROTOMY HIP INCLUDING EXPLORATION OR REMOVAL	ARTHROTOMY	6,595.00
27043	EXCISION TUMOR SOFT TISSUE OF PELVIS AND HIP AREA	EXCISION TUM	3,300.00
27047	REM HIP/PELVIS LESION	EXCISION, TUM	3,240.00
27048	REM HIP/PELVIS LESION / DEEP	EXCISION, TUM	3,240.00
27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	EXCISION; TRC	3,760.00
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROG	INJECTION PR	3,760.00
27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROV	ACETABULOPI	15,000.00
27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM F	HEMIARTHRO	15,000.00
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL	ARTHROPLAS	15,000.00
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP A	CONVERSION	15,000.00
27134	REVISION OF TOTAL HIP ARTHROPLASTY, BOTH COMPONENTS	REVISION OF T	15,000.00
27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR C	REVISION OF T	15,000.00
27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMP	REVISION OF T	15,000.00
27301	DRAIN THIGH/KNEE LES	INCISION AND	2,810.00
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	FASCIOTOMY,	3,265.00
27310	ARTHROTOMY-KNEE JOINT	ARTHROTOMY	4,480.00
27326	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASC	NEURECTOMY	2,770.00

27327	REM THIGH LES-SUBCUT	EXCISION, TUM	3,240.00
27328	REM THIGH LES-DEEP	EXCISION, TUM	3,240.00
27329	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLA	RADICAL RESI	3,315.00
27331	ARTHROTMY-KNEE JOINT	ARTHROTOMY	4,480.00
27332	ARTHROTMY-KNEE CRTLG	ARTHROTOMY	4,480.00
27333	ARTHROTMY-KNEE CRTLG	ARTHROTOMY	4,480.00
27334	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM	ARTHROTOMY	4,480.00
27335	ARTHROTMY-SYNOVECT KNEE	ARTHROTOMY	4,480.00
27337	EXCISION TUMOR SOFT TISSUE OF THIGH OR KNEE AREA S	EXCISION TUM	3,265.00
27339	EXCISION TUMOR SOFT TISSUE OF THIGH OR KNEE AREA S	EXCISION TUM	3,265.00
27340	REMOV KNEECAP BURSA	EXCISION, PRE	3,265.00
27345	REMOVE-SYNOV KNEE CYST	EXCISION OF S	3,315.00
27347	EXCIS LES MENISCUS/CAP-KN	EXCISION OF I	3,315.00
27355	REMOVE FEMUR LESION	EXCISION OR C	4,480.00
27360	PART REMOVE, LEG BONE	PARTIAL EXCI	4,480.00
27380	REPAIR INFRAPAT TENDON	SUTURE OF IN	3,265.00
27381	SUTURE OF INFRAPATELLAR TENDON, SECONDARY RECOI	SUTURE OF IN	3,265.00
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTUI	SUTURE OF QU	3,265.00
27394	LNGLTHN THIGH TENDN-ONE	LENGTHENINC	4,480.00
27395	LNGLTHN THIGH TENDN-TWO	LENGTHENINC	6,595.00
27403	ARTHRTMY/REP KNEE CART	ARTHROTOMY	4,480.00
27405	REP KNEE LIGAMENT-COLL	REPAIR, PRIM/	6,595.00
27407	REP KNEE LIGAMENT-CRUC	REPAIR, PRIM/	12,185.00
27409	REP KNEE LIGAMENT-BOTH	REPAIR, PRIM/	6,595.00
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	AUTO CHONDI	7,010.00
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	OSTEOCHOND	7,010.00
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSA	OSTEOCHOND	7,010.00
27418	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTE	ANTERIOR TIB	6,595.00
27420	RECONST DISLOC KNEECAP	RECONSTRUC	6,595.00
27422	RECON DISLOC KNEECAP W/REALIGN	RECONSTRUC	6,595.00
27424	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNE	RECONSTRUC	6,595.00
27425	LATER RETINCLR RELEAS	LATERAL RETI	5,195.00
SCOPEPFR	ARTHROSCOPY KNEE PATELLOFEMORAL LIGAMENT RECO	ARTHROSCOP	6,595.00
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNE	LIGAMENTOU	12,185.00
27428	RECONSTR-KNEE INTRAART	LIGAMENTOU	12,185.00
27430	QUADRICEPSLASTY	QUADRICEPSP	6,595.00
27435	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	CAPSULOTOM	5,815.00
27437	ARTHROPLASTY-PATELLA	ARTHROPLAS	5,510.00
27442	ARTHROPLASTY-KNEE JNT	ARTHROPLAS	7,010.00
27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIU	ARTHROPLAS	15,000.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL	ARTHROPLAS	15,000.00
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH	OSTEOTOMY,	5,510.00
27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WIT	REVISION OF T	15,000.00
27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WIT	REVISION OF T	15,000.00
27510	CLSD FEMORAL FX W/ MAN	CLOSED TREA	1,800.00
27514	OPEN TRTMT FEMORAL FRACTURE DISTAL END MED/LAT	OPEN TRMT DI	3,767.00
27524	OPEN TX PATELLAR FX W/ INTERNAL FIXATION	27524 OPEN	6,305.00
27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PL	CLOSED TREA	1,800.00
27538	CLSD FX INTRCNDYLAR SPINE/KNEE	CLOSED TREA	1,800.00
27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR	OPEN TREATM	6,305.00
27566	OPEN PATELLAR DISLOC	OPEN TREATM	6,305.00
27570	MANIPUL KNEE JOINT	MANIPULATIO	2,265.00
27599	LEG SURGERY PROC	27599 LEG	13,373.00
27600	DECOMP FASCIOTOMY-LEG-BILAT	DECOMPRESSI	3,265.00
27601	DECOMP FASCIOTOMY-LEG	DECOMPRESSI	3,265.00
27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR L	DECOMPRESSI	3,265.00
27605	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARA	TENOTOMY, P	3,195.00
27606	TENOTMY-PERC ACHIL TND	TENOTOMY, P	3,265.00
27610	RTHROTOMY,ANKLE,EXP/DRN/ FB REM	ARTHROTOMY	4,480.00

27612	ARTHROTOMY ANKLE JOINT	ARTHROTOMY	4,480.00
27614	BX-LEG/ANKLE-DEEP	BIOPSY, SOFT	3,240.00
27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLA	RADICAL RESI	4,280.00
27618	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUM	EXCISION, TU	2,470.00
27619	REMOV LOW LEG LES-DEEP	EXCISION, TU	3,240.00
27620	ARTHROTOMY--ANKLE JOINT	ARTHROTOMY	4,480.00
27625	ARTHRTMY-SYNV ANKLE JT	ARTHROTOMY	4,480.00
27626	ARTHRTMY-TENOSYNV ANKLE	ARTHROTOMY	4,480.00
27630	REM TEND LES-LEG/ANKLE	EXCISION OF I	3,265.00
27632	EXCISION TUMOR SOFT TISSUE OF LEG OR ANKLE AREA SI	EXCISION TUN	3,895.00
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA,	27634	3,895.00
27635	REMOV LOW LEG BONE LES	EXCISION OR (	4,480.00
27640	PART REMOV-TIBIA	PARTIAL EXCI	6,595.00
27641	PART REMOV-FIBULA	PARTIAL EXCI	4,480.00
27646	RAD RESECT TUMOR-FIBUL	27646 RAD	5,181.00
27647	RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCAI	RAD RESECT C	6,595.00
27350	PATELLECTOMY OR HEMIPATELLECTOMY	PATELLECTOM	4,480.00
27650	REPAIR ACHILLES TENDON	REPAIR, PRIM/	6,595.00
27652	Repair pri open or percutaneous ruptured Achilles tendon with graft	Repair rupt Achi	12,185.00
27654	REP ACHILLES TEND-SEC	REPAIR, SECOI	6,595.00
27658	REP FLEX TENDON-LEG-EA	REPAIR, FLEX	3,265.00
27659	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR	REPAIR, FLEX	3,265.00
27664	REP EXTENS TENDON-LEG	REPAIR, EXTEI	3,265.00
27665	REP EXT TND-LEG SEC-EA	REPAIR, EXTEI	4,480.00
27675	REP DISLOC PERSONEAL TEND	REPAIR, DISLC	3,265.00
27676	REP DISL PERSONEAL TEND	REPAIR, DISLC	4,480.00
27680	TENOLYSIS-FLX/EXT TEND	TENOLYSIS, FI	4,480.00
27685	REVIS LOW LEG TENDON-1	LENGTHENINC	4,480.00
27686	REVIS LOW LEG TENDON-2+	LENGTHENINC	4,480.00
27687	GASTROCNEMIUS RECESSION	GASTROCNEM	4,480.00
27691	TRNSPLNT LEG TEND-DEEP	TRANSFER OR	6,595.00
27692	TRANSFER/TRANSPLANT TENDON EACH ADDITIONAL TEN	TRANSFER OR	6,595.00
27695	REP PR ANKLE LIG-COLL	REPAIR, PRIM/	4,480.00
27696	REP ANKLE LIGAMNT-BOTH	REPAIR, PRIM/	4,480.00
27698	REP SEC ANKLE LIG-COLL	REPAIR, SECOI	4,480.00
27700	ARTHROPLASTY-ANKLE	ARTHROPLAS	5,510.00
27705	OSTEOTOMY-TIBIA	OSTEOTOMY;	6,595.00
27707	OSTEOTOMY-FIBULA	OSTEOTOMY;	3,265.00
27720	REP NONIUNION-TIBIA	27720 REP	4,827.00
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH II	REPAIR OF FIB	2,600.00
27734	REP TIB/FIB EPIPHYSES	ARREST, EPIPI	4,480.00
27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE WITH M	CLOSED TREA	1,800.00
27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR	OPEN TREATM	9,085.00
27760	CLSD MED MAALEOUS FX	CLOSED TREA	1,800.00
27762	CLOSED TRTMT MEDIAL MALLEOUS W/ MANIPULATION	27762	1,800.00
27766	OPEN MED MAALEOUS FX	OPEN TREATM	6,305.00
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTU	CLOSED TREA	1,800.00
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE	OPEN TREATM	6,305.00
27780	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRAC	CLOSED TREA	1,800.00
27781	CLSD PROX FIBULA FX	CLOSED TREA	1,800.00
27784	OPEN PROX FIBULA FX	OPEN TREATM	6,305.00
27792	OPEN DISTAL FIBULAR FX	OPEN TREATM	6,305.00
27810	CLSD BIMALL ANKLE FX	CLOSED TREA	1,800.00
27814	OPEN BIMALL ANKLE FX	OPEN TREATM	6,305.00
27818	CLSD TRIMALL ANKLE FX	CLOSED TREA	1,800.00
27822	OPEN TRIMALL ANKLE FX	OPEN TREATM	6,305.00
27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE,	OPEN TREATM	9,085.00
27825	CLSD ARTIC DIST TIBIA	CLOSED TREA	2,330.00
27826	OPEN ARTIC DIST TIBIA	OPEN TREATM	6,305.00

27827	OPEN ARTIC DIST TIBIA	OPEN TREATM	9,085.00
27828	OPEN ARTIC DIST TIBIA AND FIBULA	OPEN TREATM	9,085.00
27829	OPEN DIST TIBIOFIB JNT	OPEN TREATM	6,305.00
27842	CLSD ANKLE DISLOC	CLOSED TREA	2,265.00
27848	OPEN ANKLE DISLOC	OPEN TREATM	6,305.00
27860	MANIPULATION OF ANKLE	MANIPULATIO	2,265.00
27870	ARTHRODESIS-ANKLE JNT	ARTHRODESIS	12,185.00
27871	ARTHRODESIS, TIBIOFIBULAR JOINT PROXIMAL OR DISTAL	ARTHRODESIS	12,185.00
27884	AMPUTATE-LEG SEC CLOSE	AMPUTATION,	3,265.00
27899	LEG/ANKLE SURGERY PROC	27899 LEG/	3,381.00
28002	DRAIN FOOT BELOW FASCI	INCISION AND	3,265.00
28005	FASCIOTOMY, FOOT AND/OR TOE	INCISION, BON	3,195.00
28008	FASCIOTOMY-FOOT/TOE	FASCIOTOMY,	3,195.00
28010	TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON	TENOTOMY, P	3,195.00
28020	ARTROTOMY-INTRTARS JNT	ARTHROTOMY	3,195.00
28022	ARTROTOMY-METATARS PHL JNT	ARTHROTOMY	3,195.00
28024	ARTROTOMY-INTRPHAL JNT	ARTHROTOMY	3,195.00
28030	NEURECTOMY INTRIN MUSC FOOT	NEURECTOMY	6,548.00
28035	RELEASE TARSAL TUNNEL	RELEASE, TAR	3,315.00
28039	EXCISION TUMOR SOFT TISSUE OF FOOT OR TOE SUBCUTANEOUS	EXC TUMOR S	3,240.00
28041	EXCISION TUMOR SOFT TISSUE OF FOOT OR TOE SUBCUTANEOUS	EXCISION TUM	3,240.00
28043	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASIA)	EXCISION, TUM	3,240.00
28045	EXCIS-FOOT LES-DEEP	EXCISION, TUM	3,195.00
28046	RADICAL RESECTION OF TUMOR SOFT TISSUE OF FOOT	RADICAL RESI	3,195.00
28050	ARTHROTOMY WITH BIOPSY, INTERTARSAL OR TARSOMETATARSAL JOINT	ARTHROTOMY	3,195.00
28060	FASCIECTOMY-PLANTAR FASCIA	FASCIECTOMY	3,195.00
28062	Fasciectomy, plantar fascia radical (separate procedure)	Fasciectomy plan	3,195.00
28070	SYNOVECTOMY INTERTARSAL OR TARSOMETATARSAL JOINT	SYNOVECTOM	3,195.00
28072	SYNOVCT-METATARSOPHAL	SYNOVECTOM	3,195.00
28080	EXCIS-INTRDIGIT NEUROM	EXCISION, INT	3,195.00
28086	SYNOVCT FOOT TEND SHEATH	SYNOVECTOM	3,195.00
28088	SYNOVECTOMY TENDON SHEATH EXTENSOR	SYNOVECTOM	3,195.00
28090	REMOV-FOOT LESION	EXCISION OF I	3,195.00
28092	REMOV-TOE LESION	EXCISION OF I	3,195.00
28100	REMOV-TALUS/CALC LES	EXCISION OR C	3,195.00
28104	REMOV-TARS/METTARS LES	EXCISION OR C	3,195.00
28106	REM-TARSAL LES-ILLIAC	EXCISION OR C	6,790.00
28107	EXC BONE CYST W/ GRFT	EXCISION OR C	6,790.00
28108	REMOV PHAL FOOT LES	28108 REM	3,195.00
28110	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	OSTECTOMY, I	3,195.00
28111	OSTCTMY CMP METATRSL-1	OSTECTOMY, I	3,195.00
28112	OSTCTMY CP METATRSL-OT	OSTECTOMY, I	3,195.00
28113	OSTCTMY CMP METATRSL	OSTECTOMY, I	3,195.00
28114	RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, DISTAL	OSTECTOMY, I	3,195.00
28116	stectomy,exc tarsal coalition	OSTECTOMY, I	3,195.00
28118	OSTECTMY-CALCANEUS	OSTECTOMY, I	3,315.00
28119	OSTECTMY HEEL SPUR	OSTECTOMY, I	3,315.00
28120	PART REMOV-TALUS/CALC	PARTIAL EXCI	5,195.00
28122	PART REM-TARS/METATARS	PARTIAL EXCI	3,195.00
28124	PARTIAL REMOVAL OF TOE	28124 PART	3,195.00
28126	RESECT-PRT/CMP PHAL EA	RESECTION, P	3,195.00
28140	METATARSECTOMY	METATARSEC	3,195.00
28150	PHALANGECTOMY	PHALANGECTO	3,195.00
28153	PARTIAL REMOVAL OF TOE	RESECTION, C	3,195.00
28160	HMPHLNRCTMY JNT EXC TOE	HEMIPHALAN	3,195.00
28173	EXTENSFE METATARS SURG	RADICAL RESI	3,195.00
28175	RAD RESECT TUMOR PHALANX TOE	RADICAL RESI	3,195.00
28190	REMOV FB-FOOT-SUBCUT	28190 REMO	1,525.00
28192	REMOV FB-FOOT-DEEP	REMOVAL OF	2,470.00

28200	REP TNDN FLEXR-FOOT-EA	REPAIR, TEND	3,195.00
28202	REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECOND	REPAIR, TEND	3,195.00
28208	REP EXTENSOR FOOT TEND	REPAIR, TEND	3,195.00
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON	TENOLYSIS, FI	3,195.00
28225	TENOLYSIS,EXTENSOR,FT SINGLE	TENOLYSIS, E	3,195.00
28230	TENOTMY,OPEN,FLEX,FOOT-SING/MU	28230 TENO	3,195.00
28232	TENOTMY, OPN, FLEX, TOE-SNG	28232 TENO	3,195.00
28234	TENOTMY, OPN, EXTNSR, FT/TOE	TENOTOMY, O	3,195.00
28238	RECONS PST TIBIAL TEND	RECONSTRUC	6,790.00
28240	TENOTMY ABDCT HALLULAR	TENOTOMY, L	3,195.00
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDL)	DIVISION OF P	3,195.00
28261	CAPSULATOMY-MIDFOOT	CAPSULOTOM	3,195.00
28262	CAPSULATOMY-MIDFOOT EXT	CAPSULOTOM	3,315.00
28270	CAPSULATOMY-METATARSPH	CAPSULOTOM	3,195.00
28272	CAPSULATOMY-INTERPHAL JNT	28272 CAPS	3,195.00
28280	SYNDACTYLIZATION-TOES	SYNDACTYLIZ	3,195.00
28285	CORRECTION-HAMMERTOE	CORRECTION,	3,195.00
28286	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEB	CORRECTION,	3,315.00
28288	OSTECTMY-PRT METATARS	OSTECTOMY, I	3,195.00
28289	HALL RIG CORRECT-CHEIL/DE	HALLUX RIGIE	3,195.00
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHC	CORRECTION,	4,515.00
28291	HALLUX RIGIDUS CORRECTION WITH IMPLANT	HALLUX RIGIE	6,790.00
28292	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHC	CORRECTION,	4,515.00
28293	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHC	CORRECTION,	4,515.00
28294	CORRCT HALLX VALG	CORRECTION,	4,515.00
28295	bunionectomy with proximal metatarsal osteotomy	bunionectomy w	5,150.00
28296	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHC	CORRECTION,	4,515.00
28297	CORRCT HALLX VALG	CORRECTION,	4,515.00
28298	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHC	CORRECTION,	4,515.00
28299	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTER	CORRECTION,	4,515.00
28300	OSTEOTOMY-CALCANEUS	OSTEOTOMY; :	6,790.00
28302	OSTEOTOMY-TALUS	OSTEOTOMY; :	3,195.00
28304	OSTEOTOMY-TARSAL BONES	OSTEOTOMY; :	6,790.00
28305	OSTEOTOMY-TARSAL BONES	OSTEOTOMY; :	6,790.00
28306	OSTEOTOMY-1ST METATARS	OSTEOTOMY; :	3,315.00
28307	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTER	OSTEOTOMY; :	3,195.00
28308	OSTEOTOMY-OTH METATARS	OSTEOTOMY; :	3,195.00
28309	OSTEOTOMY-MULT METATARS	OSTEOTOMY; :	6,790.00
28310	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT T	OSTEOTOMY; :	3,195.00
28312	OSTEOTOMY-OTHER TOES	OSTEOTOMY; :	3,195.00
28313	RECONST DEFORM TOE	RECONSTRUC	3,195.00
28315	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH C	SESAMOIDECT	3,315.00
28320	REPAIR TARSAL BONES	REPAIR, NONU	6,790.00
28322	REPAIR METATARSALS	REPAIR, NONU	6,790.00
28341	RECONST TOE-BONE RESEC	RECONSTRUC	3,315.00
28344	REPAIR EXTRA TOE(S)	RECONSTRUC	3,315.00
28345	REPAIR WEBBED TOE(S)	RECONSTRUC	3,315.00
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOU	CLOSED TREA	1,800.00
28415	OPEN CALCANEAL FX	OPEN TREATM	9,085.00
28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPU	CLOSED TREA	2,330.00
28445	OPEN TALUS FX	OPEN TREATM	6,305.00
28456	PERCUTANEOUS SKELETAL FIX TARSAL BONE W/MANIP, E	PERC SKEL FIX	4,015.00
28465	OPEN TARSAL FX-EA	OPEN TREATM	6,305.00
28470	CLSD TX-METATARS FX-NO	28470 CLSD	1,200.00
28475	CLSD TX-METATARS FX W/MAN	28475 CLS	1,200.00
28476	PERCUTANEOUS SKELETAL FIX METATARSAL FRACTURE	PERCU SKELE	4,015.00
28485	OPEN METATARSAL FX	OPEN TREATM	6,305.00
28496	PERC GRT TOE FX W/MAN	PERCUTANEOI	4,015.00
28505	OPEN GRT TOE FX	OPEN TREATM	4,015.00

28525	OPEN OTHER TOE FX-EA	OPEN TREATM	4,015.00
28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLU	OPEN TREATM	6,305.00
28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATIO	CLOSED TREA	3,415.00
28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, I	OPEN TREATM	4,015.00
28605	CLOSED TRTMT TARSOMETATARSAL JOINT	28605	1,800.00
28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATAR	PERCUTANEOI	4,015.00
28615	OPN TARSOMETATARS DISL	OPEN TREATM	6,305.00
28635	CLOSED TRTMT OF METATAR JOINT DISLOCATION W/ANES	CLOSED TRTM	2,685.00
28636	PERQ TREATMENT TOE DISLOCATION	PERCUTANEOI	4,015.00
28645	OPEN TARSMETATARS DISL	OPEN TREATM	4,015.00
28660	CLSD INTRPHAL JNT DISLOC	28660 CLSD	1,200.00
28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLO	CLOSED TREA	2,265.00
28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCA	OPEN TREATM	4,015.00
28705	ARTHRODESIS; TRIPLE	ARTHRODESIS	12,185.00
28715	ARTHRODESIS-PNTALR TRIP	ARTHRODESIS	12,185.00
28725	ARTHRODESIS SUBTALAR	ARTHRODESIS	6,790.00
28730	ARTHRODESIS-MDTARS-MULT	ARTHRODESIS	6,790.00
28735	ARTHRODESIS-MDTARS- MULT	ARTHRODESIS	6,790.00
28737	ARTHRODESIS-MDTARS-W/LEN	ARTHRODESIS	6,790.00
28740	ARTHRODESIS-MDTARS-SING	ARTHRODESIS	6,790.00
28750	ARTHRODESIS-GT TOE META	ARTHRODESIS	6,790.00
28755	ARTHRODESIS-GT TOE INTR	ARTHRODESIS	3,315.00
28760	ARTHRODESIS, W/EXT HALLUCIS TRNS	ARTHRODESIS	6,790.00
28800	AMPUTAT-FOOT-MIDTARSAL	28800 AMPU	3,733.00
28810	AMPUTATE-METATARSAL	AMPUTATION,	3,195.00
28820	AMPUTATE-TOE METAPHL	AMPUTATION,	3,195.00
28825	AMPUTATION-TOE INTRPHL	AMPUTATION,	3,195.00
28890	EXTRACORPOREAL SHOCK WAVE HIGH ENERGY PERFORM	EXTRACORPOI	2,335.00
ARTHSUBT	ARTHROEREISIS, SUBTALAR	ARTHROEREIS	0.00
28899	FOOT/TOES SURG PROC	28899 FOOT	3,733.00
26489	TRANSPLANT OF TENDON PALMAR WITH FREE TENDON GI	TRANSPLANT	4,035.00
29065	APPLICATION, CAST, SHOULDER TO HAND (LONG ARM)	928 APPLICATION,	1,200.00
29105	APPLIC LONG ARM SPLINT	29105 APPL	1,200.00
29130	APPLICATION OF FINGER SPLINT; STATIC	APPLICATION	1,200.00
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	92858 APPLICATION	1,200.00
29345	APPLICATION LONG LEG CAST BIL	29345-APPL	1,200.00
29405	APPL SHORT LEG CAST	29405 APPL	1,200.00
29450	APPICATION CLUBFOOT CAST	29450 APPI	1,200.00
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	92893 APPLICATION	1,200.00
29740	WEDGING OF CAST	29740 WEDG	1,200.00
29800	ARTHRSOPY-TEMPMAND JNT	ARTHROSCOP	4,415.00
29804	ARTHRSOPY-TEMPMAND JNT	ARTHROSCOP	4,415.00
29805	ARTHROSCOPY-SHOULDER-DIAG	ARTHROSCOP	4,415.00
29806	ARTHROSCOPY-SHOULDER-CAPSUL	ARTHROSCOP	7,010.00
29807	ARTHRSOPY-SHOULD SLAP	ARTHROSCOP	7,010.00
29819	ARTHRSOPY-SHOULDR SURG	ARTHROSCOP	7,010.00
29820	ARTHRSOPY-SHOULDR SYN PT	ARTHROSCOP	7,010.00
29821	ARTHRSOPY-SHOULDR SYN CP	ARTHROSCOP	7,010.00
29822	ARTHRSOPY-SHOULD DBR LT	ARTHROSCOP	4,415.00
29823	ARTHRSOPY-SHOULD DBR EX	ARTHRSOPY S	7,010.00
29824	ARTHROSCOPY-DIST CALVICU	ARTHROSCOP	4,415.00
29825	ARTHROSCOPY-SHOULDR SURG	ARTHROSCOP	7,010.00
29826	ARTHROSCOPY-SHOULDR SURG	ARTHROSCOP	7,010.00
29827	ARTHROSCOPY-SHOULDER-SURG	ARTHROSCOP	7,010.00
29828	ARTHROSCOPY, SHOULDER SURGICAL, BICEPS TENODESIS	ARTHROSCOP	4,415.00
29830	ARTHRSOPY-ELBOW	ARTHROSCOP	4,415.00
29834	ARTHROSCOPY-ELBOW-DIAG	ARTHROSCOP	4,415.00
29835	ARTHROSCOPY-ELBOW-PART	ARTHROSCOP	4,415.00
29836	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTEP	ARTHROSCOP	4,415.00

29837	ARTHROSCOPY-ELBOW-DBR LT	ARTHROSCOP	4,415.00
29838	ARTHROSCOPY-ELBOW-DBR EX	ARTHROSCOP	4,415.00
29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT S	ARTHROSCOP	4,415.00
29844	ARTHROSCOPY-WRIST-SYN PT	ARTHROSCOP	4,415.00
29845	ARTHROSCOPY-WRIST-SYN COMPLETE	ARTHROSCOP	4,415.00
29846	ARTHROSCOPY-WRIST-SYN	ARTHROSCOP	4,415.00
29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION F(	ARTHROSCOP	4,415.00
29848	ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANS	ENDOSCOPY, \	5,815.00
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDY	ARTHROSCOPI	5,815.00
29851	ARTH-INTRCOND SPINE FX	ARTHROSCOPI	7,010.00
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRAC	ARTHROSCOPI	7,010.00
29866	ARTHRO KNEE OSTEO AUTOGRAFT	29866 ARTH	7,010.00
29867	ARTHROSCOPY, KNEE, SURGICAL, OSTEOCHONDRAL ALLC	ARTHROSCOP	4,415.00
29868	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOS	ARTHROSCOP	4,415.00
29870	ARTHRSOPY-KNEE-DIAG	ARTHROSCOP	4,415.00
29871	ARTHROSCOPY KNEE SURG/DRAINAGE	ARTHROSCOP	4,415.00
SCOPKNPLRE	ARTHROSCOPY KNEE PATELLA LATERAL RELEASE	ARTHROSCOP	0.00
29873	ARTHROSCOPY KNEE W/RELEASE	ARTHROSCOP	4,415.00
29874	ARTHROSCOPY KNEE SRG FB	ARTHROSCOP	4,415.00
29875	ARTHROSCOPY KNEE SURGICAL SYNOVECTOMY, MAJOR,	ARTHROSCOP	4,415.00
29876	ARTHROSCOPY KNEE SYN V MJ	ARTHROSCOP	4,415.00
29877	ARTHROSCOPY KNEE SURGICAL WITH MENISCECTOMY (	ARTHROSCOP	4,415.00
29879	ARTHROSCOPY KNEE ABRAT	ARTHROSCOP	4,415.00
29880	ARTHROSCOPY KNEE MENS	ARTHROSCOP	4,415.00
29881	ARTHROSCOPY AIDED REPAIR OF LARGE OSTEOCHONDRIT	ARTHROSCOP	4,415.00
29882	ARTHROSCOPY KNEE MENIS	ARTHROSCOP	4,415.00
29883	ARTHRSOPY- KNEE - MENIS	ARTHROSCOP	4,415.00
29884	ARTHRSOPY-KNEE-LYSIS	ARTHROSCOP	4,415.00
29885	ARTHRSOPY-KNEE-OST DIS	ARTHROSCOP	7,010.00
29886	ARTHRSOPY-KNEE-INT OST	ARTHROSCOP	4,415.00
29887	ARTHROSCOPY KNEE INT OST	ARTHROSCOP	4,415.00
29888	ARTHROSCOPY ANTCRUC REP	ARTHROSCOPI	7,010.00
29889	ARTHRSOPY-PST CRUC REP	ARTHROSCOPI	7,010.00
29891	ARTHRSOPY-ANKLE-REP	ARTHROSCOP	7,010.00
29892	ARTHRSOPY-OSTEOCHON LES/FX	ARTHROSCOPI	7,010.00
29893	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR J	ENDOSCOPIC I	5,815.00
29894	ARTHRSOPY-ANKLE REP	ARTHROSCOP	4,415.00
29895	ARTHRSOPY -ANKLE-REP	ARTHROSCOP	4,415.00
29897	ARTHRSOPY-ANKLE DBR LT	ARTHROSCOP	4,415.00
29898	ARTHRSOPY-ANKLE DBR EXTENSIVE	ARTHROSCOP	4,415.00
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR J	ARTHROSCOP	4,415.00
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL, WITH SYNO	ARTHROSCOP	1,800.00
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL, WITH DEBR	ARTHROSCOP	1,800.00
29907	UNLISTED PROCEDURE, ARTHROSCOPY	ARTHROSCOP	6,688.00
29999	ARTHROSCOPY MISC PROC	29999 ARTH	6,688.00
30020	DRN ABS/HEMAT-NASAL SEPT	30020 DRN	1,200.00
30100	EXCISION, NASAL POLYP(S), SIMPLE	BIOPSY, INTRA	1,800.00
30110	EXCISION NASAL POLYP(S) SIMPLE	EXC NASAL PC	2,505.00
30115	EXCISION, NASAL POLYP(S), EXTENSIVE93031	EXCISION, NA	2,505.00
30117	EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LE	EXCISION OR I	2,685.00
30120	EXCISION SKIN FOR RHINOPHYMA	EXCISION OR	2,505.00
30124	EXC DERMOID CYST-NOSE	30124 EXC	1,750.00
30125	EXC DERMOID CYST NOSE-COMPLX	EXCISION DER	6,120.00
30130	EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, /	EXCISION INFE	2,900.00
30140	SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL (	SUBMUCOUS I	3,680.00
30150	RHINECTOMY; PARTIAL	RHINECTOMY;	6,120.00
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC93053	INJECTION INT	1,525.00
30310	FB REM-INTRANASAL-ANES	REMOVAL FOF	2,505.00
30400	RHINOPLSTY-PRM LAT/ALR	RHINOPLASTY	6,120.00

30410	RHINOPLSTY-CMP EXTERN	RHINOPLASTY	6,120.00
30420	RHINOPLSTY-CMP EXT/SEP	RHINOPLASTY	6,120.00
30430	RHINOPLSTY-SEC MINOR REV	RHINOPLASTY	3,680.00
30435	RHINOPLSTY-SEC INT REV	RHINOPLASTY	6,120.00
30450	RHINOPLASTY-SEC MAJOR REV	RHINOPLASTY	6,120.00
30460	RHINOPLSTY-NASAL DEFORM	RHINOPLASTY	6,120.00
30465	REP NASAL VEST STENOSIS	REPAIR OF NA	6,120.00
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITI SEPTOPLASTY		3,680.00
30540	REPAIR CHOANAL ATRESIA; INTRANASAL93110	REPAIR CHOA	6,120.00
30560	LYSIS INTRNASAL SYNECH	LYSIS INTRAN	2,330.00
30580	REP FISTULA-OROMAXILL	REPAIR FISTUI	6,120.00
30600	REPAIR FISTULA-ORONAS	REPAIR FISTUI	6,120.00
30620	SEPTL-INTRNAS DRMPLSTY	SEPTAL OR OT	6,120.00
30630	REP NASAL SEPTAL PERF	REPAIR NASAI	5,195.00
30801	CAUTERZTN-MUC TURB-SUP	CAUTERZTN-M	2,300.00
30802	CAUTERZTN-MUC TURB-INT	CAUTERZTN-M	2,300.00
30901	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTE CONTROL NAS		1,500.00
30903	CONTROL-NASAL HEM-CPLX	CONTROL NAS	1,800.00
30905	TX NASAL HEMRG, POSTERIOR,INIT	CONTROL NAS	1,800.00
30930	FRACTURE NASAL INFERIOR TURBINATE(S), THERAPEUTIC FRACTURE NA		3,315.00
30999	MISC PROC-NOSE	30999 MISC	3,908.00
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM LAVAGE BY C.		1,525.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL9: SINUSOTOMY,		3,680.00
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CAL) SINUSOTOMY,		6,120.00
31032	SINUSOTOMY-MAX-INT RAD	SINUSOTOMY,	6,120.00
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;9319: SINUSOTOMY,		6,120.00
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OF SINUSOTOMY		3,680.00
31090	SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSOTOMY,		6,120.00
31200	ETHMOIDCTMY-INTR ANT	ETHMOIDECT	6,120.00
31201	ETHMOIDCTMY-INTR TOT	ETHMOIDECT	6,120.00
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	ETHMOIDECT	6,120.00
31231	ENDOSCOPY-NASAL-DIAG	ENDOSCOPY-N	2,200.00
31233	ENDOSCOPY-NASAL/SINUS	NASAL/SINUS	2,330.00
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID: NASAL/SINUS		2,330.00
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLY NASAL/SINUS		2,900.00
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYS' NASAL/SINUS		2,900.00
31239	ENDOSCOPY-NAS/SINUS DAC	NASAL/SINUS	3,485.00
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BUL NASAL/SINUS		2,900.00
31253	NASAL/SINUS NDSC TOTAL	31253	3,485.00
31254	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECT NASAL/SINUS		3,485.00
31255	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECT NASAL/SINUS		3,760.00
31256	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY: NASAL/SINUS		3,485.00
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy, total (anterior a		3,485.00
31259	NASAL/SINUS NDSC SPHN TISS REMOVAL	31259	3,485.00
31267	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINI NASAL/SINUS		3,485.00
31276	ENDSCPY-NAS/SIN FRONT	NASAL/SINUS	3,485.00
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOT NASAL/SINUS		3,485.00
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOT NASAL/SINUS		3,485.00
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR II NASAL/SINUS		3,485.00
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBI NASAL/SINUS		3,485.00
31295	NASAL/SINUS ENDOSCOPY SURGICAL WITH DILATION OF I NASAL/SINUS		3,485.00
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF NASAL/SINUS		3,485.00
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF NASAL SINUS		3,485.00
31298	Nsl/sins ndsc w/sins dilat	31298	4,260.00
31299	SINUS SURGERY PROC	31299 SINU	4,260.00
31300	LARYNGSCPY LES REM	LARYNGOTOM	3,760.00
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL A ARYTENOIDEC		6,120.00
31500	INTUBATION-ENDOTRACH	31500 INTU	1,800.00
31502	TRACH TUBE CHANGE	31502 TRAC	1,800.00

31510	LARYNGSCPY-IND BX	LARYNGOSCO	2,610.00
31512	LARYNGSCPY-IND LES REM	LARYNGOSCO	2,610.00
31515	LARYNGSCPY-DIR ASPIR	LARYNGOSCO	2,610.00
31525	LARYNGSCPY-DIR DIAG	LARYNGOSCO	2,610.00
31526	LARYNGSCPY-DIR DIAG MC	LARYNGOSCO	3,485.00
31527	LARYNGSCP-DIR DIAG OBT	LARYNGOSCO	3,485.00
31528	LARYNGSCP-DIR DIL INTL	LARYNGOSCO	2,610.00
31529	LARYNGSCP-DIR DIL SUBS	LARYNGOSCO	2,610.00
31535	LARYNGSCP-DIR SURG BX	LARYNGOSCO	3,485.00
31536	LARYNGSCP-DIR SG BX MC	LARYNGOSCO	3,485.00
31540	LARYNGSCP-DIR SG LS RM	LARYNGOSCO	3,485.00
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF	LARYNGOSCO	3,485.00
LARYNLASER	MICROSUSPENSION LARYNGOSCOPY WITH LASER	MICROSUSPEN	3,485.00
31545	LARYNGOSCOPY DIRECT OPERATIVE W/OP MISCROSCOPE	LARYNGOSCO	3,485.00
31570	LARYNGSCP-DIR INJ VOC	LARYNGOSCO	2,610.00
31571	LARYNGSCP-DIR INJ VOC	LARYNGOSCO	3,485.00
31575	Laryngoscopy, flexible fiberoptic; diagnostic	Laryngoscopy di	2,200.00
31576	LARYNGSCP-FLX DIAG BX	LARYNGOSCO	3,485.00
31577	LARYNGSCP-FLX REM FB	LARYNGOSCO	2,330.00
31578	LARYNGSCP-FLX REM LES	LARYNGOSCO	3,485.00
31599	MISC PROC-LARYNX	31599 MISC	4,260.00
31611	CONST TRACH FISTULA W/INS	CONSTRUCTIC	3,680.00
31612	TRACH PUNCT-PERC ASP	TRACHEAL PU	3,680.00
31615	TRACHEOSTOMA REV-SIMP	TRACHEOBRO	2,045.00
31622	BRONCHSCPY-DIAG	BRONCHOSCO	2,300.00
31624	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT	BRONCHOSCO	2,330.00
31625	BRONCHSCPY-W/BX	BRONCHOSCO	2,330.00
31628	BRONCHSCPY-TRNSBRCH BX	BRONCHOSCO	2,330.00
31630	BRONCHSCPY-TRNSBRH DIL	BRONCHOSCO	3,695.00
31635	BRONCHSCPY-REM FB	BRONCHOSCO	2,330.00
31640	BRONCHSCPY-REM LES	BRONCHOSCO	3,695.00
31641	BRONCHSCPY-DEST LES	BRONCHOSCO	3,695.00
31720	CATHETER ASP-NASOTRACH	CATHETER AS	1,800.00
31825	SURG CLOS TRACHEOSTOMY	SURGICAL CLC	3,680.00
31899	UNLIST-TRACHEA BRONCHI	31899 UNLI	4,260.00
32000	THORACENT-PUNC PLR CAV	THORACENTE:	3,767.00
32020	TUBE THORACSTMY W/WO H2O SEAL	32020 TUBE	3,767.00
32400	PLUERA BX PERC NEED	BIOPSY, PLEUI	1,800.00
25078	RADICAL RESECTION OF TUMOR SOFT TISSUE OF FOREARM	25078	3,240.00
35206	REPAIR BLOOD VESSEL,DIRECT;UPPER EXT	35206-REPA	4,625.00
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	REPAIR BLOOI	3,000.00
35221	REP BLOOD VESSEL-INTRA-ABDOM	35221 REP	3,767.00
35761	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THRO	EXPLORATION	4,555.00
35800	EXPL POSTOP HEMORR-NECK-BILAT	35800 EXPL	3,877.00
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THRO	EXPLORATION	5,877.00
36005	INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (IF	INJECTION PR	0.00
36468	INJECT(S) SCLEROSING SOL-S	36468 INJE	1,200.00
36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, S	INJECTION OF	1,200.00
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN	ENDOVENOUS	6,535.00
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENT	INSERTION OF	0.00
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRA	INSERTION OF	0.00
36561	INS CENT VEN ACCESS DEV	INSERTION OF	4,430.00
36563	INS TUNN CV CATH W/SUBQ PUMP	INSERTION OF	4,430.00
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOU	INSERTION OF	3,700.00
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOC	REPAIR OF TUI	0.00
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBC	REPAIR OF CEI	2,330.00
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS A	REPLACEMEN	2,045.00
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY I	REPLACEMEN	4,430.00
36582	Replacement, complete of a tunneled centrally inserted central venous replacement cent		4,430.00

36589	REM CENT VEN ACCESS DEV	REMOVAL OF	2,045.00
36590	REM CENT VEN ACCESS DEV	REMOVAL OF	2,330.00
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MECHANICAL		3,700.00
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHE MECHANICAL		0.00
36810	INS CANNULA ARTER EXT	INSERTION OF	4,555.00
36815	INS CANNULA ART EXT RV	INSERTION OF	4,555.00
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CI ARTERIOVENC		0.00
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM B/ ARTERIOVENC		5,950.00
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE ARTERIOVENC		0.00
36821	ARTERVEN ANAST DIR ANY	ARTERIOVENC	5,950.00
36825	ARTERY-VEIN GRFT-AUTO	CREATION OF	5,950.00
36830	ARTERY-VEIN GRFT-NONAT	CREATION OF	5,950.00
36831	THOMBECTMY-OP ART FIST	THROMBECTO	5,950.00
36832	REV-OPN ARTER FIST	REVISION, OPE	5,950.00
36833	REV-OPN ART FIST W/TH	REVISION, OPE	5,950.00
36861	CANNULA DECLT-W/CATH	EXTERNAL CA	4,555.00
36901	INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIAL ANGIOGRAM (		0.00
36902	WITH TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHER ANGIOGRAM \		0.00
36903	WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR ANGIOGRAM \		0.00
36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBE THROMBECTO		0.00
36905	WITH TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHER THROMBECTO		0.00
36906	WITH TRANSCATHETER PLACEMENT OF INTRAVASCULAR THROMBECTO		0.00
37248	TRANSLUMINAL BALOON ANGIOPLASTY (EXCEPT DIALYSI TRANSLUMIN/		0.00
37500	VASCULAR ENDOSCOPY	37500 VASC	6,535.00
37607	LIGATION OF A-V FIST	LIGATION OR I	3,965.00
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY94842	LIGATION OR I	2,470.00
37650	LIGATION FEMORAL ARTERY	LIGATION OF I	3,965.00
37700	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS	LIGATION ANI	3,965.00
37718	SHORT SAPH VEIN LIGATION	37718 SHOR	3,965.00
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SA	LIGATION, DIV	6,535.00
37760	LIGAT-PERFOR/SUBFAS	LIGATION OF I	3,965.00
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMIT STAB PHLEBE		3,965.00
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMIT STAB PHLEBE		3,965.00
37780	LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN	LIGATION ANI	3,965.00
37785	LIGAT/DEV SEC VARICOSE	LIGATION, DIV	3,965.00
37799	VASCULAR SURG PROS	37799 VASC	2,326.00
38220	BONE MARROW; ASPIRATION ONLY94915	BONE MARRO	1,200.00
38300	DRAIN-LYMPH NONE LES	DRAINAGE OF	2,045.00
38308	LYMPHANGTMY-LYMPH CH	LYMPHANGIO	3,525.00
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL	BIOPSY OR EX	3,525.00
38505	BX LYMPH NOD-NEED-SUP	BIOPSY OR EX	1,800.00
38510	BX LYMPH ND-OPN-DP CRV	BIOPSY OR EX	3,525.00
38520	BX LYMPH ND-OPN- DP CRV	BIOPSY OR EX	3,525.00
38525	BX LYMPH ND-OPN-DP AXL	BIOPSY OR EX	3,525.00
38530	BX LYMPH ND-OPN-INT	BIOPSY OR EX	3,525.00
38550	REMOV CYSTIC HYGROMA	EXCISION OF C	3,525.00
38740	AXL LYMPHADENECTMY-SUP	AXILLARY LYI	6,800.00
38745	AXL LYMPHADENECTMY-CMP	AXILLARY LYI	6,800.00
38760	INGUI LYMPHADNCTMY-SUP	INGUINOFEMC	3,525.00
38792	INJECTION PROCEDURE, FOR IDENTIFICATION OF SENTINE INJECTION PR(		1,200.00
38900	INTRAOPERATIVE IDENTIFICATION (EG MAPPING) OF SENT INTRAOPERAT		2,200.00
38999	BLOOD/LYMPH SYST PROC	38999 BLOO	6,197.00
39400	MEDIASTINOSCOPY	39400 MEDI	4,995.00
40490	BIOPSY OF LIP	40490 BIOP	1,200.00
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVAN	VERMILIONEC	2,505.00
40510	EXCISION OF LIP-PRT	EXCISION OF I	3,680.00
40520	EXCISION OF LIP-V	EXCISION OF I	2,505.00
40525	EXCISION OF LIP-FLAP	EXCISION OF I	3,680.00
40530	RESECTION OF LIP-PRT	RESECTION OF	3,680.00

40652	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL	REPAIR LIP, FL	2,685.00
40654	REPAIR LIP OVER 1/2 VERTICAL HEIGHT OR COMPLEX	REPAIR LIP OV	2,685.00
40720	REP CLEFT LIP-NASAL-SECON	PLASTIC REPA	6,120.00
40799	MISC PROC-LIPS	40799 MISC	4,260.00
40800	DRN ABCESS-MOUTH	40800 DRN	1,200.00
40806	INCISION-LABIAL FRENUM	40806 INCI	1,750.00
40808	BIOPSY, VESTIBULE OF MOUTH	BIOP VESTIBU	1,200.00
40810	EXC LES-MUCOSA/SUBMUC	40810 EXC	2,505.00
40812	EXC LES MUCSA MOUTH-SM	40812 EXC	2,505.00
40814	EXCIS/REP MUCOSA-CPLX	EXCISION OF I	2,505.00
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VEST	EXCISION OF I	3,576.44
40819	EXCIS FRENM/LABL/BUCL	EXCISION OF F	1,800.00
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUT	DESTRUCTION	2,505.00
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM	CLOSURE OF L	1,800.00
40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENS	VESTIBULOPL	6,120.00
41010	INCIS-LINGUAL FRENUM	INCISION OF L	1,800.00
41100	BX TONGUE ANT 2/3	41100 BX T	1,525.00
41105	BX TONGUE POST 1/3	41105 BX T	2,505.00
41108	BIOPSY FLOOR OF MOUTH	41108 BIOP	1,525.00
41110	EXCIS TONG LES-NO CLS	41110 EXCI	2,505.00
41112	EXCIS TONG LES-CLS-ANT	EXCISION OF I	2,505.00
41113	EXCIS TONG LES-CLS-PST	EXCISION OF I	2,505.00
41115	EXCIS LINGUAL FRENUM	41115 EXCI	1,750.00
41116	EXCIS MOUTH LESION	EXCISION, LES	2,505.00
41120	GLOSSECTOMY	GLOSSECTOM	3,760.00
41250	REP LACER MOUTH <2.5CM	REPAIR OF LAC	2,330.00
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, O'	REPAIR LACER	2,330.00
41520	FRENOPLASTY	FRENOPLASTY	2,330.00
41599	TONGUE/MOUTH UNLISTED PROC	41599 TONG	4,260.00
41821	OPERCLTOMY-EXC PRT TIS	41821 OPER	1,800.00
41822	EXC FIBROUS TUBEROSITIES	41822 EXC	2,505.00
41825	EXCIS LES-DENTOALVOEL	41825 EXCI	2,505.00
41826	EXCIS LES W/SIMP REP	41826 EXCI	2,505.00
41827	EXCIS LES W/COMP REP	EXCISION OF I	3,680.00
41850	DEST LESION(EXCPT EXC) DENTOALVEOLAR	41850 DEST	2,505.00
41874	ALVEOLOPLASTY EA QUAD	41874 ALVE	3,680.00
41899	DENTAL SURGERY PROC	41899 DENT	2,254.00
42000	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP	DRAINAGE OF	0.00
42100	BIOPSY PALATE,UVULA	42100 BIOP	1,525.00
42104	EXC LES-PALATE UVULA	42104 EXC	2,505.00
42106	EXCIS LES PALAT/UVUL-S	42106 EXCI	2,505.00
42107	EXCIS LES PALAT/UVUL- S	EXCISION, LES	3,680.00
42140	UVULECTOMY-EXCIS UVULA	UVULECTOMY	2,330.00
42145	PALATOPHARYNGOPLSTY	PALATOPHAR	3,760.00
42160	DEST LES PALAT UVULA W/	42160 DEST	2,505.00
42180	REP LACER PALATE <=2CM	REPAIR, LACEI	1,800.00
42200	PALATOPLSTY-CLEFT PAL	PALATOPLAST	6,120.00
42215	PALATOPLSTY-CLEFT MAJ	PALATOPLAST	6,120.00
42235	REPAIR ANTER PALATE	REPAIR OF AN	3,760.00
42281	INS PALATE PROSTHESIS	42281 INS	2,685.00
42300	DRN ABCESS-PAROTID-SIMP	DRAINAGE OF	2,505.00
42330	SIALOLITHOTMY-SUB SIMP	42330 SIAL	2,505.00
42405	BX SALIVARY GLAND-INC	BIOPSY OF SAI	2,505.00
42408	EXCIS SALIVARY SYST	EXCISION OF S	2,685.00
42410	EXCIS PAROTID LES	EXCISION OF F	6,120.00
42415	EXC PAROTID LES W/DSCT	EXCISION OF F	6,120.00
42420	EXCIS PAROTID LES-TOT W/ D	EXCISION OF F	6,120.00
42440	EXCIS SUBMAND GLAND	EXCISION OF S	6,120.00
42450	EXCIS SUBLINGUAL GLAND	EXCISION OF S	3,680.00

42500	REP SALIVARY DUCT	PLASTIC REPA	3,680.00
42699	SALIV GLANDS/DUCTS MISC	42699 SALI	4,260.00
42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	INCISION AND	2,505.00
42800	BX OROPHARYNX	BX OROPHAR)	2,300.00
42802	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	BIOPSY, HYPO	1,525.00
42804	BX NASOPHARYNX LES-SIM	BIOPSY, NASO	2,505.00
42808	EXCIS/DEST PHARYNX LES	EXCISION OR I	2,505.00
42810	EXCIS BRANCHIAL CYST	EXCISION BRA	3,680.00
42815	EXCISION BRANCHIAL CLEFT CYST VESTIGE OR FISTUAL	EXCISION BRA	6,120.00
42820_B	TNSLCTMY/ADNOID <12-BILAT	42820 TNSL	5,281.00
42820	TNSLCTMY/ADNOIDCTMY<12	42820 TNSL	3,775.00
42821	TNSLCTMY/ADNOIDCTMY>12	TONSILLECTO	4,285.00
42825	TONSILCTMY-PRM/SEC<12	TONSILLECTO	3,775.00
42826	TONSILCTMY-PRM/SEC>12	TONSILLECTO	3,775.00
42830	ADENOIDECTOMY, PRIMARY <12	ADENOIDECTC	3,415.00
42831	ADENOIDECTOMY, PRMARY, AGE 12 OR OVER	ADENOIDECTC	3,415.00
42835	ADENOIDECTOMY-SEC <12	ADENOIDECTC	3,415.00
42836	TONSILCTMY-SEC >12	ADENOIDECTC	3,415.00
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, ANI	RADICAL RESI	3,415.00
42860	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METH	EXCISION OF T	3,415.00
42870	EXCIS/DEST-LING TONSIL	EXCISION OR I	3,415.00
42960	CONT OROPHR BLEED-SIM	CONTROL ORC	1,800.00
42962	CONT OROPHR BLEED-SRG	CONTROL ORC	6,120.00
42999	MISC PRC-PHR/ADN/TN-BI	42999 MISC	5,324.00
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORAC	TOTAL OR NE/	0.00
43200	ESOPHAGOSCPY-DIAG	ESOPHAGOSCP	2,300.00
43202	ESOPHAGOSCPY-BX	ESOPHAGOSCP	2,045.00
43213	ESOPHAGOSCOPY FLEXIBLE TRANSORAL; WITH DILATION	ESOPHAGOSCP	2,000.00
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION O	ESOPHAGOSCP	3,835.00
43226	ESOPHAGOSCOPY W/INSERTION OF GUIDE WIRE W/DILATI	ESOPHAGOSCP	2,300.00
43234	UPPER GASTROINTESTINAL ENDOSCOPY	UPPER GASTR	2,045.00
43235	UPPR GI ENDOSCOPY-DIAG	UPPER GASTR	2,330.00
43239	UPPER GI ENDOSCOPY-BX	UPPER GASTR	2,330.00
43243	UPPR GI ENDOSCOPY-INJ	UPPER GASTR	2,330.00
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOP	UPPER GASTR	2,330.00
43246	UPPR GI ENDOSCOPY-TUBE	UPPER GASTR	2,330.00
43247	UPPR GI ENDOSCPY-FB REM	UPPER GASTR	2,330.00
43248	UPPR GI ENDOSCPY-WIRE	UPPER GASTR	2,330.00
43249	UPP GI ENDOSCPY-BAL DIL	UPPER GASTR	2,330.00
43250	UPPER GI ENDO W/REMOVAL TUMORS HOT BIOPSY	43250	2,330.00
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOP	UPPER GASTR	2,685.00
43262	ENDO CHLNGPANCREA-SPHN	ENDOSCOPIC I	3,215.00
43264	ENDO CHLNGPANCREA-REM	ENDOSCOPIC I	3,215.00
43268	ENDO CHLNGPANCREA-TUBE	ENDOSCOPIC I	3,835.00
43305	ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTIO)	ESOPHAGOPL/	3,825.00
43450	DILATE ESOPHAGUS-SND	DILATION OF I	1,800.00
43458	DILATE ESOPHAGUS-BALLN	DILATION OF I	2,330.00
43605	BIOPSY OF STOMACH BY LAPAROTOMY	BIOPSY OF ST	2,045.00
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	UNL LAP PROC	4,260.00
43750	PERC PLACE GAST TUBE	PERCUTANEO	4,260.00
43760	CHANGE GAST TUBE	CHANGE OF G.	1,800.00
43770	Laparoscopy surgical, placement of adj band	43770	6,985.00
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROC	LAPAROSCOPY	2,500.00
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROC	LAPAROSCOPY	2,500.00
43774	LAPAROSCOPY REMOVAL OF ADJ GASTIRC BAND & STUBC	LAP REMOVAL	4,200.00
43840	Gastrorrhaphy, suture of perforated duodenal/gastric ulcer, wound or i	Gastrorrhaphy su	4,260.00
43870	CLOSURE GASTROTOMY-SRG	CLOSURE OF C	2,045.00
43999	UNLISTED PROCEDURE, STOMACH	UNLISTED PRC	2,450.00
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INT	LAPAROSCOPY	5,250.00

44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEP UNLISTED LAF		8,166.00
44312	REVISION-ILEOSTOMY	REVISION OF I	3,100.00
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SMALL INTEST		2,330.00
44377	Small intestinal endoscopy, enteroscopy beyond sec portion of duoden	Sm intes endo in	2,330.00
44380	ILEOSCOPY-DIAG	ILEOSCOPY, TI	2,045.00
44385	ENDOSCPY-SML INTESTINE	ENDOSCOPIC I	2,045.00
44386	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOM	ENDOSCOPIC I	2,045.00
44388	COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, WITH OR	COLONOSCOP	2,045.00
44389	COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE C	COLONOSCOP	2,300.00
44392	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUI	COLONOSCOP	2,045.00
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUI	COLONOSCOP	2,045.00
44604	SUTURE LG INTESTINE WITHOUT COLOSTOMY	44604 SUTU	4,577.00
44799	UNLISTED PROCEDURE, INTESTINE95947	UNLISTED PRC	2,900.00
44950	APPENDECTOMY	44950 APPE	3,760.00
44970	LAPARSCPY-APPENDECTOMY	44970 LAPA	6,985.00
45005	DRAIN-RECTAL ABSCESS	INCISION AND	2,330.00
45100	BX-ANORECTAL WALL	BIOPSY OF AN	3,490.00
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; EXCISION OF F		3,500.00
45170	EXCIS RECTAL LESION	EXCISION OF F	3,490.00
45171	EXCISION OF RECTAL TUMOR TRANSANAL APPROACH NO	EXCISION OF F	3,520.00
45172	EXCISION OF RECTAL TUMOR TRANSANAL APPROACH INC	EXCISION OF F	3,520.00
45190	DEST RECTAL TUMOR	DESTRUCTION	5,125.00
45300	PROCTOSIGMOIDOSCOPY-DX	45300 PROC	1,800.00
45303	PROCTOSIGMOIDOSCOPY RIGID W/DILATION	45303	2,045.00
45305	PROTOSIGMOIDOSCPY-BX	PROCTOSIGMC	2,300.00
45309	PROTSIGMIDSCPY-REM TUM	PROCTOSIGMC	2,045.00
45320	PROTOSIGMOIDSCPY-ABLAT	PROCTOSIGMC	3,295.00
45330	SIGMOIDOSCOPY-DX	SIGMOIDOSCC	1,800.00
45331	SIGMOIDOSCOPY-BX	SIGMOIDOSCC	1,800.00
45332	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN	SIGMOIDOSCC	3,500.00
45333	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S	SIGMOIDOSCC	2,045.00
45334	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDINC	SIGMOIDOSCC	1,800.00
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSA	SIGMOIDOSCC	1,800.00
45338	SIGMOIDOSCPY-REM LES	SIGMOIDOSCC	2,045.00
45339	SIGMOIDOSCPY-ABL TUMR	SIGMOIDOSCC	2,045.00
45340	SIGMOIDOSCOPY, FLEXIBLE, WITH DILATION BY BALLOON	SIGMOIDOSCC	3,085.00
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASO	SIGMOIDOSCC	2,045.00
45346	SIGMOIDOSCOPY FLEXIBLE; WITH ABLATION OF TUMOR(S	45346	1,800.00
COLONEUA	COLONOSCOPY WITH RECTAL EXAM UNDER ANESTHESIA	COLONOSCO	0.00
45378	COLONOSCOPY-DIAG	COLONOSCO	2,652.00
45380	COLONOSCOPY-BX	COLONOSCO	2,330.00
45381	COLONOSCOPY W/SUBMUCOSAL INJ	COLONOSCO	2,330.00
45383	COLONOSCPY-REM LES	COLONOSCO	2,330.00
45384	COLONOSCPY-REM LES FORC	COLONOSCO	2,330.00
45385	COLONOSCPY-REM LES SNAR	COLONOSCO	2,330.00
45388	COLONOSCOPY FLEXIBLE, WITH ABLATION OF TUMOR(S) I	COLONOSCO	3,835.00
45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANES	PROCTOPLAST	4,630.00
45541	PROCTOPEXY (EG, FOR PROLAPSE); PERINEAL APPROACH9	PROCTOPEXY	4,630.00
45560	REPAIR-RECTOCELE	REPAIR OF RE	4,630.00
45905	DILAT-ANAL SPHINCTER	DILATION OF /	3,490.00
45910	DILAT RECTAL STRICTURE	DILATION OF I	3,490.00
45915	REM FECAL IMPACTION/FB	REMOVAL OF	1,800.00
45990	ANORECTAL EXAM SURGICAL REQUIRING ANESTHESIA DL	ANORECTAL E	3,490.00
45999	RECTUM SURGERY PROC	45999 RECT	4,084.00
46020	PLACEMENT-SETON	PLACEMENT C	3,490.00
46030	REMOV ANAL SETON	REMOVAL OF	1,800.00
46040	INCIS OF ISCH RECT ABS	INCISION AND	3,490.00
46045	INCIS OF INTR RECT ABS	INCISION AND	3,490.00
46050	INCIS PERIAN ABCSS-SUP	INCISION AND	1,800.00

46060	INCIS OF RECTAL ABS	INCISION AND	3,490.00
46080	SPHINCTEROTMY-ANAL/DIV	SPHINCTEROT	3,490.00
46083	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPL	INCISION OF T	3,490.00
46200	FISSURECTOMY	FISSURECTOM	3,490.00
46210	CRYPTECTOMY-SINGLE	CRYPTECTOM	3,490.00
46211	EXCIS MULT TAG-ANUS	CRYPTECTOM	3,490.00
46220	EXCIS SINGLE TAG-ANUS	PAPILLECTOM	3,490.00
46221	HEMORROIDECTMY-SIMP LIG	HEMORROIDE	1,800.00
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MUL EXC EXT HEM		3,490.00
46250	HEMORRHOIDCTMY-EXT CPX	HEMORRHOID	3,490.00
46255	HEMORRHOIDCTMY-SIMP	HEMORRHOID	3,490.00
46260	HEMORRHOIDCTMY-CPLX	HEMORRHOID	3,490.00
46270	REMOV ANAL FISTULA	SURGICAL TRI	3,490.00
46275	REMOV ANAL FISTULA-SUB	SURGICAL TRI	3,490.00
46280	REM ANAL FISTULA-CPLX	SURGICAL TRI	3,490.00
46288	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC I CLOSURE OF A		3,490.00
46320	ENUC/EXC EXT THROM HEM	46320 ENUC	3,490.00
46505	CHEMODENERVATION OF INTERNAL OF INTERNAL ANAL S CHEMODENER		3,315.00
46600	ANOSCOPY-DIAG	46600 ANOS	1,200.00
46601	ANOSCOPY; DIAGNOSTIC WITH HIGH-RESOLUTION MAGNII ANOSCOPY; D		3,490.00
46604	ANOSCOPY-DIAG W/DILATION	46604 ANOS	2,045.00
46606	ANOSCOPY WITH BIOPSY, SINGLE OR MULTIPLE	ANOSCOPY WJ	2,300.00
46610	ANOSCOPY-REM LES FORCP	ANOSCOPY; W	3,295.00
46611	ANOSCOPY-REM LES SNAR	ANOSCOPY; W	2,045.00
46615	ANOSCOPY W/ABLAT LESION	ANOSCOPY; W	3,295.00
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG	REPAIR OF AN	3,295.00
46900	DEST LES-ANUS-SIMP	46900 DEST	1,200.00
46910	ANAL LES-ELECTRO	46910 ANAL	2,335.00
46917	DEST LES-ANUS-LASER	DESTRUCTION	3,055.00
46922	DEST ANAL LES-SG EXCIS	DESTRUCTION	3,055.00
46924	DEST ANAL LES-EXTENS	DESTRUCTION	3,055.00
46940	CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING I CURETTAGE O		3,490.00
46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDU LIGATION OF I		2,900.00
46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCE LIGATION OF I		2,900.00
46947	HEMORRHIDOPEXY EG FOR PROLAPSING INTERNAL HEM HEMORRHOID		4,630.00
46999	ANUS SURGERY PROC	46999 ANUS	4,191.00
47000	BX LIVER-NEEDLE	BIOPSY OF LIV	1,800.00
47001	BX LIVER-NEEDLE PERC	47001 BX L	1,800.00
47379	MISC LAPAROSCP PROC	47379 MISC	6,688.00
47550	BILIARY ENDOSCOPY	47550 BLI	1,800.00
47562	LAPARSCPC CHLECYSTCTMY	47562 LAPA	6,985.00
47563	LAPARSCPC CHLECYSTCTMY	47563 LAPA	6,985.00
47564	LAPARSCPC CHOLECTSTMY	47564 LAPA	6,985.00
47600	CHOLECYSTECTOMY	47600 CHOL	3,760.00
47605	CHLECYSTCTMY W/CHOL	47605 CHLE	11,826.00
47610	CHLECYSTCTMY W/EXPLOR	47610 CHLE	10,488.00
47999	MISC PROC-BILIARY TRAC	47999 MISC	10,488.00
48120	EXC LES-PANCREAS	48120 EXC	4,511.00
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOM	EXPLORATOR	3,315.00
49080	PERITONEOCNT-ABDOM-INT	PERITONEOCE	2,330.00
49180	BX ABDOM MASS NEEDLE	BIOPSY, ABDO	1,800.00
49200	REMOV ABDOMINAL LES	49200 REMO	2,854.00
49201	REM ABDOMINAL LES-EXT	49201 REM	4,191.00
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TL	EXCISION OR I	4,191.00
49250	UMBLECTOMY	UMBILECTOM	3,945.00
49320	LAPAROSCPY ABDOM/PERIT	LAPAROSCOPI	5,275.00
49321	LAPAROSCOPY-SURG BX	LAPAROSCOPI	5,275.00
49322	LAPAROSCOPY-ASPIRAT	LAPAROSCOPI	5,275.00
49329	LAPARO PROC	49329 LAPA	9,608.00

49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (I	INSERTION OF	0.00
49421	INS INTRPER CAN/CTH-PM	INSERTION OF	4,710.00
49422	REM INTRPER CAN/CTH-PM	REMOVAL OF	3,680.00
49426	REVIS PERITN/VEN SHUNT	REVISION OF F	3,945.00
49495	REP INGUIN HERN <6MO	REPAIR, INITIA	4,705.00
49500	REP INGUIN HERN <5YR	REPAIR INITIA	4,705.00
49505	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDE	REPAIR INITIA	4,705.00
49507	REP INGUIN HERN >5YR	REPAIR INITIA	5,125.00
49520	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE	REPAIR RECUF	5,195.00
49521	REP INGUIN HERNIA STRANGULATED	REPAIR RECUF	5,125.00
49525	REP INGUIN HERNIA-SLID	REPAIR INGUIN	4,705.00
49550	REP FEMOR HERNIA-RED	REPAIR INITIA	4,705.00
49553	REPAIR INITIAL FEMORAL HERNIA ANY AGE INCARCERATI	REPAIR INITIA	5,125.00
49555	REP REC FEM HERN-RED	REPAIR RECUF	4,705.00
49560	REP INC/VNT HERNIA-RED	REPAIR INITIA	4,705.00
49561	REP INC/VNT HERN-INCRC	REPAIR INITIA	5,125.00
49565	REP RECUR INC/VNT HERN	REPAIR RECUF	4,705.00
49568	REP HERNIA W/MESH/PROS	IMPLANTATIO	4,705.00
49570	REP EPIGASTRC HERN-RED	REPAIR EPIGA	4,705.00
49572	REP RED EPIGSTRC HERNIA-INCRC	REPAIR EPIGA	5,125.00
49580	REP UMBILICL HERN <5YR	REPAIR UMBIL	4,705.00
49585	REP UMBILICL HERN >5YR	REPAIR UMBIL	4,705.00
49587	REP UMBILICL HERN-STRG	REPAIR UMBIL	5,815.00
49590	REPAIR SPIGELIAN HERN	REPAIR SPIGEI	4,705.00
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HER	LAPAROSCOPI	6,985.00
49651	LAPAROSCOPY REPAIR RECURRENT INGUINAL HERNIA	LAPAROSCOPI	6,985.00
49652	LAPAROSCOPY SURGICAL REPAIR VENTRAL UMBILICAL SF	LAP REPAIR VI	6,985.00
49653	LAP REPAI VENTRAL UMBILICAL SPIGELIAN/EPIGASTRIC H	LAP HERNIA R	6,985.00
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (I	LAPAROSCOPI	6,985.00
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (I	LAPAROSCOPI	6,985.00
49659	LAPARO HERNIA REP	49659 LAPA	6,985.00
49999	ABDOMEN SURGERY PROC	49999 ABDO	4,295.00
50200	BX RENAL-TORC/NEEDLE	RENAL BIOPSY	1,800.00
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF I	REMOVAL (VI/	2,900.00
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLI	REMOVAL (VI/	1,800.00
50393	INS URETERAL CATH/STNT	INTRODUCTIO	3,800.00
50395	INTRO GUIDE RENAL PELV	INTRODUCTIO	2,755.00
50551	ENDOSCOPY-RENAL	RENAL ENDOS	1,800.00
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE96772	LITHOTRIPSY,	6,985.00
50600	URETERTOMY-EXPLOR/DRN	50600 URET	3,767.00
50688	CHANGE URETERAL TUBE	CHANGE OF U	2,355.00
50690	INJ FOR VISUAL OF ILEAL CONDUIT	50690 INJ	1,800.00
50951	ENDOSCOPY-URETERAL	URETERAL EN	1,800.00
50953	ENDOSCPY-URETER W/CATH	URETERAL EN	1,800.00
50959	ENDOSCPY-URETER W/RAD	URETERAL EN	3,767.00
51005	ASPIR BLADDER-TROC-BIL	51005 ASPI	3,767.00
51010	ASPIRAT BLADDER-NEEDLE	ASPIRATION O	3,767.00
51040	CYSTOTOMY W/DRAINAGE	CYSTOSTOMY	3,800.00
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUB	ASPIRATION O	2,970.00
51600	INJ PROC-CYSTOGRAPHY	51600 INJ	1,800.00
51605	INJ PRC-URETHRCYSTGRPH	51605 INJ	1,800.00
51700	BLADDER IRRIGATION	51700 BLAD	1,200.00
51705	CHANGE BLADDER TUBE	51705 CHAN	1,200.00
51715	ENDOSCOPI INJ/IMPLT MAT	ENDOSCOPIC I	4,570.00
51720	INSTILLATION ANTICARC AGENT-BLADDER	51720 INST	1,200.00
51725	SIMPLE CYSTOMETROGRAM	51725 SIMP	1,750.00
51845	REP ABD-VAG NECK SUSP	51845 REP	6,089.00
51860	CYSTORRHAPHY-SIMP	51860 CYST	4,506.00
52000	CYSTOURETHROSCOPY	CYSTOURETHI	1,989.00

52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATI	CYSTOURETHI	2,755.00
52005	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATI	CYSTOURETHI	2,755.00
52007	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATI	CYSTOURETHI	2,755.00
52204	CYSTOURETHROSCOPY W/ BX	CYSTOURETHI	2,755.00
52214	CYSTRTHRSPY W/FUL <.5CM	CYSTOURETHI	3,800.00
52224	CYSTRTHRSPY W/FUL MINR	CYSTOURETHI	3,800.00
52234	CYSTRTHRSPY W/FUL SML	CYSTOURETHI	3,800.00
52235	CYSTRTHRSPY W/FUL MED	CYSTOURETHI	3,800.00
52240	CYSTRTHRSPY W/FUL LRG	CYSTOURETHI	3,800.00
52250	CYSTOURETHRSCPY W/RAD	CYSTOURETHI	3,800.00
52260	CYSTOURETHRSCPY W/DIL	CYSTOURETHI	2,755.00
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR	CYSTOURETHI	2,755.00
52275	CYSTORETHRSCPY/RV URETH	CYSTOURETHI	3,800.00
52276	CYSTORETHRSCPY W/DIR VS	CYSTOURETHI	3,800.00
52281	CYSTORETHRSCPY STENYSIS	CYSTOURETHI	2,755.00
52282	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO SI	CYSTOURETHI	2,755.00
52283	CYSTORETHRSCPY W/STERD	CYSTOURETHI	3,800.00
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODI	CYSTOURETHI	3,800.00
52290	CYSTORTHSCPY W/MEATOMY	CYSTOURETHI	2,755.00
52301	CYSTORTHSCPY-ECTOPIC	52301 CYST	3,800.00
52310	CYSTORTHSCPY FB REM-SP	CYSTOURETHI	2,755.00
52315	CYSTORTHSCPY FB REM-CP	CYSTOURETHI	3,800.00
52317	LITHOLAPXY <2.5CM	LITHOLAPAXY	3,800.00
52318	LITHOLAPXY >2.5CM	LITHOLAPAXY	3,800.00
52320	CYSTOURTHRSCPY-CAL REM	CYSTOURETHI	4,285.00
52325	CYSTOURTHRSCPY-CAL FRG	CYSTOURETHI	3,800.00
52327	CYSTOURTHRSCPY INJECT IMPLANT	CYSTOURETHI	3,800.00
52330	CYSTOURETHRSCPY-W/MAN	CYSTOURETHI	3,800.00
52332	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL	CYSTOURETHI	3,800.00
52334	CYSTOURETHRSCPY-W/GUIDE	CYSTOURETHI	3,800.00
52341	CYSTOURETHROSCOPY W/TRTMT OF URETERAL STRICTUF	CYSTOURETHI	3,800.00
52344	CYSTER W/ URETEROSCOPY	CYSTOURETHI	3,800.00
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TRE	CYSTOURETHI	3,800.00
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PY	CYSTOURETHI	3,800.00
52352	CYSTOUR W/REM CALCULUS	CYSTOURETHI	3,800.00
52353	CYSTOURETHROSCOPY W/URETEROSCOPY W/LITHOTRIPS	CYSTOURETHI	5,535.00
52354	CYSTOURETHRSCPY-W/BX	CYSTOURETHI	3,800.00
52355	CYSTOURETHRSCPY W/RES	CYSTOURETHI	3,800.00
52356	CYSTURTHRSCPY-W/LITHO INCLUDING INSETION OF INDW	CYSTURTHRSC	5,535.00
52450	TRNSURTHRL INC-PROSTAT	TRANSURETHI	3,800.00
52500	TRNSURTHRL RES-BLDR NK	TRANSURETHI	3,800.00
52601	TRNSURTHRL RESEC-PROST	TRANSURETHI	5,535.00
52614	TRANS RESECT PROSTATE 2ND STG	TRANSURETHI	5,535.00
52630	TRNSURTHRL RESEC-TISS	TRANSURETHI	5,535.00
52640	TRNSURTHRL RESC-PST OP	TRANSURETHI	3,800.00
52648	CONT LASER VAPORIZATION	CONTACT LAS	6,935.00
53000	URETHRTMY-EXT PENDLOUS	URETHROTOM	2,940.00
53010	URETHRTMY-PERINL-URETH	URETHROTOM	2,940.00
53020	MEATOTOMY-CUT MEATUS	MEATOTOMY,	2,940.00
53040	DRAIN PERIURETH ABS-DP	DRAINAGE OF	2,940.00
53200	BX URETHRA	BIOPSY OF UR	2,940.00
53210	URETHRECTOMY-TOT-FEM	URETHRECTOI	4,570.00
53215	URETHRECTMY/TOTAL MALE	URETHRECTOI	3,760.00
53220	TREATMENT OF URETHRAL LESION	EXCISION OR I	4,570.00
53230	REMOV URETHRA DIVERT	EXCISION OF U	4,570.00
53260	EXCIS URETHRA POLYP	EXCISION OR I	2,940.00
53265	EXIC URETHRA CARUNCLE	EXCISION OR I	2,940.00
53270	EXCISION OR FULGURATION; SKENE'S GLANDS97117	EXCISION OR I	2,940.00
53410	URETHRPLSTY-RECNST MAL	URETHROPLA:	4,570.00

53430	URETHRPLSTY-RECNST FEM	URETHROPLAS	4,570.00
53446	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAI	REMOVAL OF	4,570.00
53447	REM/REP INFLAT SPHINCT	REMOVAL ANI	11,690.00
53449	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	REPAIR OF INF	4,570.00
53450	URETHROMEATOPLASTY	URETHROMEA	4,570.00
53500	URETHROLYSIS-TRANSVAG-SEC	53500 URET	4,570.00
53502	URETHRORHAPHY-SUTR-FEM	URETHRORRH	2,940.00
53600	DILAT URETH STRICTR-ML	53600 DILA	1,525.00
53605	DILAT URETH STRICTR- ML	DILATION OF I	2,755.00
53660	DILAT URETHRA-FEMALE	53660 DILA	1,200.00
53665	DILAT URETHRA - FEMALE	DILATION OF F	2,940.00
53899	UROLOGY SURGERY PROC	53899 UROL	4,649.00
54001	SLITTING OF PREPUCE	SLITTING OF P	2,940.00
54050	DEST LESION-PENIS-SIMP	54050 DEST	1,200.00
54055	DEST LESION-PENIS-ELECTRO	54055 DEST	2,335.00
54056	DEST LESION-PENIS-CRYO	54056 DEST	1,200.00
54057	DEST PENIS LES-LASER	DESTRUCTION	3,055.00
54060	DEST PENIS LES-EXCIS	DESTRUCTION	3,055.00
54065	DEST PENIS LES-ANY	DESTRUCTION	3,055.00
54100	BX PENIS	BIOPSY OF PEI	2,470.00
54110	EXCIS PENIS PLAQUE	EXCISION OF F	5,205.00
54150	CIRCUMCISION-CLMP-NB	CIRCUMCISIOI	3,425.00
54152	CIRCUMCISION-CLMP NO NB	CIRCUMCISIOI	3,767.00
54160	CIRCUMCISION EXCIS-NB	CIRCUMCISIOI	3,425.00
54161	CIRCUMCISION-EXC-NO NB	CIRCUMCISIOI	3,425.00
54162	LYSIS-EXC PENIS LES	LYSIS OR EXCI	3,425.00
54163	REP INCOM CIRCUMCISION	REPAIR INCOM	3,425.00
54164	FRENULOTOMY OF PENIS	FRENULOTOM	3,425.00
54300	PLASTIC REV-PENIS	PLASTIC OPER	5,205.00
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHOR	PLASTIC OPER	5,205.00
54322	REP DIS HYOSPO W/MEATL	ONE STAGE DI	5,205.00
54324	ONE STAGE DISTAL HYOSPADIAS REPAIR (WITH OR WITH	ONE STAGE DI	5,205.00
54326	REP DIS HYOSPO W/URTPL	ONE STAGE DI	5,205.00
54328	ONE STAGE DISTAL HYOSPADIAS REPAIR (WITH OR WITH	ONE STAGE DI	5,205.00
54348	REPAIR OF HYOSPADIAS COMPLICATIONS (IE, FISTULA, S	REPAIR OF HY	5,205.00
54415	REM PENILE PROSTHESIS W/O REPLACEMENT	REMOVAL OF	5,205.00
54450	FORESKIN MANIP	FORESKIN MA	1,800.00
54500	BX TESTIS-NEEDLE	BIOPSY OF TE	2,085.00
54505	BX TESTIS	BIOPSY OF TE	3,425.00
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	EXCIS OF EST	3,425.00
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH	ORCHIECTOM	3,425.00
54530	ORCHIECTOMY-RADICAL	ORCHIECTOM	4,705.00
54600	TESTICULAR PROSTHESIS SEPARATE PROC	REDUCTION O	3,425.00
54640	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT H	ORCHIOPEXY,	4,705.00
54690	LAPAROSCOPY-ORCHIECTMY	LAPAROSCOP	6,985.00
54700	DRAIN EPIDIDYMS TESTIS	INCISION AND	3,425.00
54830	REMOV EPIDIDYMS LES	EXCISION OF I	3,425.00
54840	EPIDIDYMECTOMY; UNILATERAL	EXCISION OF S	3,425.00
54860	EPIDIDYMECTOMY-UNILAT	EPIDIDYMECT	3,425.00
55040	REMOV HYDROCELE-UNILAT	EXCISION OF I	4,705.00
55041	REMOV HYDROCELE-BILAT	EXCISION OF F	4,705.00
55060	REPAIR OF HYDROCELE	REPAIR OF TUJ	3,425.00
55100	DRAIN SCROTUM ABCESS	DRAINAGE OF	2,045.00
55110	SCROTAL EXPLORATION	SCROTAL EXPI	3,425.00
55150	RESECTION OF SCROTUM	RESECTION OF	3,425.00
55175	SCROTOPLASTY-SIMP	SCROTOPLAST	3,425.00
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATEI	EXCISION OF F	3,425.00
55520	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VI	EXCISION OF I	3,425.00
55530	EXC SPERMATIC VEINS	EXCISION OF V	3,425.00

55535	EXC SPRMTC VEINS-ABDOM	EXCISION OF V	4,705.00
55540	EXC SPRMTC VEIN-HERNIA	EXCISION OF V	4,705.00
55550	LAPAROSCOPY SURGICAL WITH LIGATION OF SPERMATIC V	LAPAROSCOP	6,985.00
55559	MISC LAPAROSCOPY PROC	55559 MISC	7,743.00
55700	BX PROSTATE	BIOPSY, PROS	2,652.00
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC AE	PROSTATOTOI	3,800.00
55899	GENITAL SURGERY PROC	55899 GENI	3,345.00
56405	INC/DRN-VULVA/PER ABSC	56405 INC/	2,330.00
56420	INC/DRN BARTHOLIN GLND	INC/DRN BART	1,500.00
56440	MARSUP BARTH GLND CYST	MARSUPIALIZ	2,920.00
56441	LYSIS LABIAL LESION(S)	LYSIS OF LABI	2,920.00
56442	HYMENOTOMY SIMPLE INCISION	HYMENOTOM	2,920.00
56501	DEST VULVA LES-SIMP	56501 DEST	5,195.00
56515	DEST VULVA LES-EXTENS	DESTRUCTION	3,055.00
56605	BX VULVA/PERINEUM	56605 BX V	1,750.00
56606	BX VULVA/PERINM-EA ADD	56606 BX V	1,750.00
56620	PARTIAL REMOVAL VULVA	VULVECTOMY	3,760.00
56625	VULVECTOMY-COMplete	VULVECTOMY	5,195.00
56700	PART HYMENECTOMY/REVIS	PARTIAL HYM	2,920.00
56720	HYM INCISION SIMPLE	HYM INCISION	3,767.00
56740	REMOV BARTH GLAND LES	EXCISION OF F	2,920.00
56810	PERINEOPLASTY REPAIR	PERINEOPLAS	3,760.00
56821	COLPOTOMY; WITH EXPLORATION	COLPOSCOPY	1,200.00
57000	COLPOTOMY W/EXPLOR	COLPOTOMY;	2,920.00
57020	COLPOCENTESIS	COLPOCENTES	2,330.00
57061	DESTR VAGINAL LES-SIMP	57061 DEST	2,335.00
57065	DEST VAGINAL LES-EXT	DESTRUCTION	2,920.00
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEI	BIOPSY OF VA	1,800.00
57106	VAGINECTOMY-PART REM	57106 VAGI	2,335.00
57130	REMOV VAGINAL SEPTUM	EXCISION OF V	2,920.00
57135	REMOV VAGINAL CYST	EXCISION OF V	2,920.00
57200	COLPOPERINEORHAPHY-SUT	COLPORRHAPI	2,920.00
57210	COLPOPERINEORHAPHY- SUT	COLPOPERINE	2,920.00
57240	ANTERIOR COLPORRHAPHY REPAIR OF WITH OR WITHOUT	ANTERIOR CO	4,975.00
57250	POST COLPORRHAPHY	POSTERIOR CC	4,975.00
57287	REM/REV SLING-BLADD INCON	57287 REM/	4,975.00
57288	SLING REP BLADDER DEFT	57288 SLIN	6,550.00
57295	REVISION (INCL REMOVAL) OF PROSTHETIC VAGINAL GRA	REVISION OF F	2,900.00
57300	REP RECTOVAGNL FISTULA	CLOSURE OF R	4,975.00
57400	DILATION OF VAGINA	DILATION OF V	2,920.00
57410	PELVIC EXAMINATION	PELVIC EXAMI	2,920.00
57415	REMOV FB-VAGINA	REMOVAL OF	2,920.00
57420	COLPOSCOPY ENTIRE VAGINA	COLPOSCOPY	1,500.00
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PR	COLPOSCOPY	1,500.00
57452	COLPOSCOPY	57452 COLP	2,200.00
57454	COLPOSCOPY W/BX	57454 COLP	1,200.00
57460	COLPOSCOPY W/LOOP EXC	COLPOSCOPY	2,900.00
57461	COLPOSCOPY W/LOOP EXC	57461 COLP	2,920.00
57500	BX-CERVIX	57500 BX-C	1,200.00
57505	ENDOCERVICAL CURETTAGE	ENDOCERVIC/	1,800.00
57510	CAUT CERVIX-ELECT/THERMA	57510 CAUT	2,920.00
57513	CAUTER CERVX-LASER ABL	CAUTERY OF C	2,920.00
57520	CONIZATN CERVX-KNF/LAS	CONIZATION C	2,920.00
57522	CONIZATN CERVX-LP EXC	CONIZATION C	2,920.00
57720	TRACHELORHPHY-REP CERV	TRACHELORRI	2,920.00
57800	DILAT CERVICAL CANAL	57800 DILA	2,920.00
58120	DILATION/CURETAGE-DIAG	DILATION ANI	2,920.00
58145	MYOMECTIONY,EXC FIBROID VAG APPROACH	MYOMECTION	4,975.00
58300	REMOVAL OF INTRAUTERINE DEVICE (IUD)	INSERTION OF	1,750.00

58301	REM INTRAUTERINE DEVIC	58301 REM	1,750.00
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CO CATHETERIZA		2,920.00
58350	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDA CHROMOTUB/		4,975.00
58353	ENDOMET ABLAT-THERMAL	ENDOMETRIAI	4,975.00
58356	ENDOMET CRYOABLAT W/US GUIDE	58356 ENDO	6,550.00
58540	HYSTEROPLASTY-REP UTER ANOM	58540 HYST	7,223.00
58545	LAPAROSCOPY-MYMOECTOMY	LAPAROSCOPI	6,985.00
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CA' TRANSCERVIC		2,920.00
58550	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY	LAPAROSCOPI	6,985.00
58555	HYSTEROSCOPY-DIAG	HYSTEROSCOI	3,325.00
58558	HYSTEROSCOPY-SURG	HYSTEROSCOI	3,325.00
58559	HYSTEROSCOPY-SURG LYSIS	HYSTEROSCOI	3,325.00
58560	HYSTERSCPY-W/INTRAUTER	HYSTEROSCOI	5,250.00
58561	HYSTEROSCOPY-REM MYOMA	HYSTEROSCOI	5,250.00
58562	HYSTEROSCOPY, SURGICAL, WITH ENDOMETRIAL ABLATION	HYSTEROSCOI	5,250.00
58563	HYSTEROSCOPY-ABLATION	HYSTEROSCOI	5,250.00
58565	HYSTEROSCOPY, SURGICAL, WITH BILATERAL FALLOPIAN HYSTEROSCOI		5,250.00
58578	LAPARO PROC, UTERUS	58578 LAPA	8,235.00
58579	MISC HYSTEROSCOPY PROC	58579 MISC	4,260.00
58660	LAPAROSCOPY-SURG LYSIS	LAPAROSCOPI	6,985.00
58661	LAPAROSCOPY-REM ADNEX	LAPAROSCOPI	6,985.00
58662	LAPAROSCOPY-W/FULG LES	LAPAROSCOPI	6,985.00
58670	LAPAROSCOPY, SURGICAL, WITH FULGURATION OF OVIDUC	LAPAROSCOPI	6,985.00
58672	LAPAROSCOPY-W/FIMRIPLST	LAPAROSCOPI	6,985.00
58673	LAPAROSCOPY-SALPINGOSTMY	LAPAROSCOPI	6,985.00
58679	LAPAR PROC-OVIDUCT-OVARY	58679 LAPA	8,235.00
58700	SALPINGECTOMY	58700 SALP	8,235.00
58720	SALPINGO-OOPHORECTOMY	58720 SALP	1,800.00
58805	DRN OVARIAN CYST-ABDOM	58805 DRN	1,800.00
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSDRAINAGE OF		3,845.00
58999	GENITAL SURGERY PROC	58999 GENI	3,345.00
59151	LAP TRMT-ECTOPIC PREG	59151 LAP	6,985.00
59160	CURETTAGE, POSTPARTUM97848	CURETTAGE, F	2,885.00
59812	TRTMT MISCARRIAGE	TREATMENT C	3,315.00
59820	TRTMT OF MISSED ABORT	TREATMENT C	3,775.00
59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICAL	TREATMENT C	3,775.00
59899	MISC PROC-MATERN CARE	59899 MISC	3,381.00
60000	DRAIN THYROID CYST	INCISION AND	1,800.00
60200	REMOV THYROID LESION	EXCISION OF C	6,800.00
60220	REMOV THYROID-UNILAT	60220 REMO	3,285.00
60225	REMOV THYROID- UNILAT	60225 REMO	3,285.00
60240	THYROIDECTOMY, TOTAL OR COMPLETE97949	THYROIDECTO	3,371.00
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANT THYROIDECTO		6,800.00
60260	THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID THYROIDECTO		3,871.00
60280	REM THYROIDGLOSSAL LES	EXCISION OF T	6,800.00
60281	REM THYROIDGLOSSAL LES-REC	EXCISION OF T	6,800.00
61500	CRANIECTOMY-W/EXC TUMOR	61500 CRAN	2,685.00
61541	CRANIOTOMY-TRNS CORP CAL	61541 CRAN	7,743.00
61781	STEREOTACTIC COMPUTER ASSISTED PROCEDURE CRANIOTOMY 61781		1,800.00
61782	STEREOTACTIC COMPUTER ASSISTED PROCEDURE CRANIOTOMY 61782		1,800.00
61795	STEREOTACTIC COMPUTER-ASSISTED VOLUMETRIC PROCEDURE STEROTACTIC		1,800.00
61885	IMPLANT CRAN NEUROSTIM	INCISION AND	21,500.00
61886	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULUS INSERTION OR		38,250.00
62273	INJECT EPIDURAL	INJECTION, EP	1,800.00
62281	INJECT EPIDURAL-CERV/THOR-BILA	INJECTION/INF	1,800.00
62282	INJECT EPIDURAL	INJECTION/INF	1,800.00
62290	INJ SPINE DISKOGRAPHY	62290 INJ	2,330.00
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NO INJECTION, SINGLE		1,989.00
62311	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNEL INJECTION, SINGLE		1,989.00

62318	INJ SPINE W/CATH C/T	INJECTION, IN	1,800.00
62319	INJ ANES-DIFFER-LUMBAR	INJECTION, IN	1,800.00
62350	IMPLT SPINAL CANAL CTH	IMPLANTATIO	5,565.00
62355	REM INTRATHECAL/EPIDURAL CATH	REMOVAL OF	2,330.00
62360	IMPLT DRUG INFUSION RESERVOIR	IMPLANTATIO	13,500.00
62361	IMPLT SPINE INFUS PUMP	IMPLANTATIO	15,075.00
62362	IMPLT SPINE INFUS PUMP	IMPLANTATIO	15,075.00
62365	REM SPINE INFUS DEVICE	REMOVAL OF	5,105.00
62367	ANALYSIS IMPLANT PUMP	62367 ANAL	2,330.00
62368	ANALY SPINE INFUS PUMP	62368 ANAL	2,330.00
63030	LAMINOTOMY, WITH DECOMPRESSION OF NERVE ROOTS, LAMINOTOMY	LAMINOTOMY	8,950.00
MICRODISC	LAMINOTOMY-1 INT LUMBR	MICRODISSEC	7,175.00
63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION LAMINOTOMY	LAMINOTOMY	8,950.00
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UP LAMINECTOM	LAMINECTOM	8,950.00
63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRA LAMINECTOM	LAMINECTOM	8,950.00
63650	PRC IMPLT NEURSTM ELEC	PERCUTANEOI	9,785.00
63655	LAMINECTOMY IMPLT NEURSTM ELEC	63655 LAMI	14,200.00
63660	REVISE/REMOVE NEURSTM ELEC	REVISION OR I	3,450.00
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PEJ	REMOVAL OF	3,450.00
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PL	63662	3,450.00
63663	REVISION INCL REPLACEMENT WHEN PERFORMED OF SPIN	REVISION INCI	9,785.00
63664	REVISION INCLUDING REPLACEMENT WHEN PERFORMED (	REVISION INCI	14,200.00
63685	INC/PLAC SPIN PULS GEN	INCISION AND	23,000.00
63688	REVSE/REMOVE NEURSTM RECEIVER	REVISION OR I	5,280.00
64400	INJ ANES-TRIGEMINAL NERVE	64400 INJ	1,200.00
64402	INJ ANES-FACIAL NERVE	64402 INJ	1,200.00
64405	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGI	INJECTION, AN	1,200.00
64408	INJ ANES-VAGUS NERVE	64408 INJ	1,200.00
64410	INJ ANES-PHRENIC NERVE	INJECTION, AN	1,800.00
64412	INJ ANES-SPINAL ACC NERVE	64412 INJ	1,525.00
64413	INJ ANES-CERVICAL PLEXUS	64413 INJ	1,200.00
64415	INJECT-BRACHIAL PLEXUS	INJECTION, AN	1,800.00
64417	INJ ANES-AXILLARY NERVE	INJECTION, AN	1,800.00
64418	INJ ANES-SUPRASCAP NERVE	64418 INJ	1,200.00
64420	INJ ANES-INTERCOST NERVE-SING	INJECTION, AN	1,800.00
64421	INJECT-INTRCOST NERVE	INJECTION, AN	1,800.00
64425	INJ ANES-ILIOINGUIN/ILIOHYPO	64425 INJ	1,200.00
64430	INJ ANES-PUDENDAL NERVE	INJECTION, AN	1,800.00
64435	INJ ANES-PARACERVICAL NERVE	64435 INJ	1,200.00
64445	INJ ANES-SCLATIC NERVE	64445 INJ	1,200.00
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NER	INJECTION, AN	1,200.00
64455	INJECTION ANESTHETIC AGENT AND/OR STEROID PLANTA	INJECTION AN	1,800.00
64470	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARA V	INJECTION, AN	1,800.00
64472	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARA V	INJECTION, AN	1,800.00
64475	INJ PARVERTBRL L/S SIN	INJECTION, AN	1,800.00
64476	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSI	INJECTION, AN	1,800.00
64479	TRAN INJ CERV/THOR-BIL	INJECTION, AN	1,800.00
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSI	INJECTION, AN	1,800.00
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSI	INJECTION, AN	1,800.00
64484	INJECTION, ANESTHETIC AGENT; CELLAC PLEXUS, WITH OF	INJECTION, AN	1,800.00
64490	INJECTION DIAG/THERAPEUTIC AGENT PARAVERTEBRAL F	64490	1,800.00
64491	INJECTION DIAG/THERAPEUTIC PARAVERTEBRAL FACET W	64491	1,800.00
64492	INJECTION DIAGNOSIT OR THERAPEUTIC AGENT PARAVER	INJECTION PAJ	1,800.00
64493	INJECTION(S) DIAGNOT/THERAP AGENT PARAVERTEBRAL	INJECTION(S) I	1,800.00
64494	INJECTION(S) DIAGNOT/THERAP AGENT PARAVERTEBRAL	INJECTION(S) I	1,800.00
64495	INJECTIONS DIAGNOSTIC/THERAPEUTIC PARAVERTEBRAL	64495	1,800.00
64505	INJ ANES-SPHENOPAL GANG	64505 INJ	1,200.00
64508	CAROTID SINUS	64508 CARO	1,200.00
64510	INJ STELLATE GANGION	INJECTION, AN	1,800.00

64517	INJ HYPOGASTRIC PLEXUS	64517 INJ	1,800.00
64520	INJ LUMBAR/THORACIC	INJECTION, AN	1,800.00
64530	INJ CELIAC PLEXUS	INJECTION, AN	1,800.00
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR I	PERCUTANEOI	17,925.00
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR I	PERCUTANEOI	9,785.00
64561	PERC IMPL NEUROSTIM-SN	64561 PERC	9,785.00
64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELE	INCISION FOR	17,925.00
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELE	INCISION FOR	17,300.00
64581	INCIS-IMPLANT-SAC NRV	64581 INCI	12,710.00
64585	REV/REM NEUROSTIM ELECTRODES	REVISION OR I	3,450.00
64590	PLACE PERIPH NEUROSTIMULATOR	INCISION AND	15,515.00
64595	REVISION/REMOVAL OF PERIPHERAL OR GASTRIC NEUROS	REVISION OR I	5,280.00
64600	DEST TRIGEMINAL NERVE	DESTRUCTION	2,225.00
64605	DEST TRIGEMINAL NERVE	DESTRUCTION	2,225.00
64610	DEST TRIGEMINAL NERVE	DESTRUCTION	2,225.00
64612	DEST MUSCL ENERV FAC NRV	64612 DEST	1,200.00
64613	DEST CERV SPINAL NERVE	64613 DEST	1,200.00
64614	CHEMODENERV-EXTREMITY	64614 CHEM	1,200.00
64617	CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATER	CHEMODENER	1,200.00
64620	DEST INTERCOSTAL NERVE	DESTRUCTION	2,045.00
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL	DESTRUCTION	2,225.00
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL	DESTRUCTION	1,800.00
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL	DESTRUCTION	2,225.00
64627	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHER	DESTRUCTION	1,800.00
64630	DEST PUDENDAL NERVE	DESTRUCTION	2,330.00
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL	64635	2,300.00
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL	64636	2,300.00
64640	DEST OTH PERIPH NERVE/BRNCH	64640 DEST	1,525.00
64680	DEST CELIAC PLEXUS	DESTRUCTION	2,330.00
64702	NEUROPLSTY-DIGIT-1/BTH	NEUROPLASTY	2,770.00
64704	NEUROPLSTY, NERV HND/FT	NEUROPLASTY	2,770.00
64708	NEURPLSTY, MAJ PERI NRV	NEUROPLASTY	2,770.00
64716	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE A	NEUROPLASTY	2,770.00
64718	NEURPLSTY, ULNR NRV ELB	NEUROPLASTY	2,770.00
64719	NEURPLSTY, ULNR NRV WRT	NEUROPLASTY	2,770.00
64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE	NEUROPLASTY	2,770.00
64726	DECOMP-PLANTR DIG NRV	DECOMPRESSI	2,770.00
64727	INTERNAL NEUROLYSIS	INTERNAL NEU	2,770.00
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERE	TRANSECTION	2,770.00
64771	TRANSECT-OTH CRAN NERV	TRANSECTION	2,770.00
64772	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGIT	TRANSECTION	2,770.00
64774	REMOV NEUROMA-CUTN NRV	EXCISION OF N	2,770.00
64776	REMOV DIGIT NERVE LES	EXCISION OF N	2,770.00
64778	REM NEUROMA-CUTN NRV EA ADD	EXCISION OF N	2,770.00
64782	REMOV LIMB NERVE LES	EXCISION OF N	2,770.00
64783	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCI	EXCISION OF N	2,770.00
64784	REMOV NEURMA-MAJ PR NRV	EXCISION OF N	2,770.00
64786	BIOPSY OF NERVE	EXCISION OF N	2,770.00
64787	IMPL NRV END-BONE/MUSCLE	IMPLANTATIO	2,770.00
64788	REMOV NEUROFIB-CUT NRV	EXCISION OF N	2,770.00
64790	REMOV NEUROFIB-MAJ NRV	EXCISION OF N	2,770.00
64792	REMOV NEUROFIB-EXTENS	EXCISION OF N	5,105.00
64795	BX NERVE	BIOPSY OF NE	2,770.00
64818	SYMPATHECTOMY-LUMBAR	64818 SYMP	3,135.00
64820	SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT	98811 SYMPATHECT	2,770.00
64831	REP DIGIT NERVE-HND/FT	SUTURE OF DI	5,105.00
64832	SUTURE OF DIGITAL NERVE HAND/FOOT EA ADD DIGIT	1 SUT OF DIG NE	5,105.00
64834	SUTURE OF ONE NERVE HAND OR FOOT COMMON SENSOR	SUTURE OF OF	5,105.00
64835	SUT NERVE-MEDIAN MOTOR THENAR	SUTURE OF OF	5,105.00

64836	REP NERVE HND/FT-ULNAR	SUTURE OF O	5,105.00
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXC SUTURE OF M	SUTURE OF M	5,105.00
64857	SUTURE-MAJ PER NERVE	SUTURE OF M	5,105.00
64872	SUTURE OF NERVE	SUTURE OF N	5,105.00
64910	NERVE REPAIR, WITH SYNTHETIC CONDUIT OR VEIN ALLO NERVE REPAI	NERVE REPAI	3,415.00
64912	Nrv rpr w/nrv algrft 1st	64912	3,415.00
64999	NERVOUS SYSTEM SURG	64999 NERV	3,415.00
65093	EVISCERATION OF OCULAR CONTENTS WITH IMPLANT	EVISCERATIO	5,790.00
65101	ENUCLEATION-EYE-NO IMP	ENUCLEATION	5,790.00
65103	ENUCLEATION-EYE-W/ IMP	ENUCLEATION	5,790.00
65105	ENUCLEAT EYE-W/IMPLANT	ENUCLEATION	5,790.00
65135	INSERTION OF OCULAR IMPLANT SECONDARY, AFTER ENL INSERTION OF	INSERTION OF	3,730.00
65140	INS OCULAR IMPLANT W/MUSCLES	INSERTION OF	5,790.00
65175	REM OCCULAR IMPLANT	REMOVAL OF	2,875.00
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE, CORNEAL,	REMOVAL OF	1,000.00
65210	FB REM-EYE-CONJN-EMBED	65210 FB R	1,200.00
65220	FB REM-EYE-CORNEAL W/O LAMP	65220 FB R	1,800.00
65222	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTE	REMOVAL OF	1,800.00
65235	REMOV FB-EYE	REMOVAL OF	2,480.00
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR, FROM POST	REMOVAL OF	2,875.00
65265	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOL	REMOVAL OF	4,275.00
65270	REP EYE LACER-CONJUNCT	REPAIR OF LA	2,875.00
65275	REP EYE LACER-COMEA	REPAIR OF LA	3,555.00
65280	REPAIR OF LACERATION, CORNEA AND/OR SCLERA, PERFC	REPAIR OF LA	3,315.00
65285	REPAIR OF LACERATION, CORNEA AND/OR SCLERA, PERFC	REPAIR OF LA	5,710.00
65400	EXC LES-CORNEA	EXCISION OF I	2,480.00
65410	BIOPSY OF CORNEA	BIOPSY OF CO	2,480.00
65420	EXC PTERYGUIM W/O GRFT	EXCISION OR	2,480.00
65426	REMOV EYE LES W/GRFT	EXCISION OR	3,760.00
65435	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY,	REMOVAL OF	1,525.00
65436	REM CORNEAL EPITH W/ CHE	65436 REM	2,480.00
65450	DEST CORNEAL LES-CRYOTHERAPY	65450-DEST	1,800.00
65710	KERATOPLASTY (CORNEAL TRANSPLANT) LAMELLAR	KERATOPLAST	5,750.00
65730	CORNEAL TRANSP-LAMELAR	KERATOPLAST	5,750.00
65750	CORNEAL TRANSP-APHAKIA	KERATOPLAST	5,750.00
65755	CORNEAL TRANSP-PSEUD	KERATOPLAST	5,750.00
65756	KERATOPLASTY (CORNEAL TRANSPLANT) ENDOTHELIAL	KERATOPLAST	5,750.00
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR S	PLACEMENT C	5,750.00
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBR/	OCULAR SURF	5,750.00
65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL	OCULAR SURF	5,750.00
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCT	OCULAR SURF	5,750.00
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARAT	PARACENTESI	2,480.00
65805	PARACENT-EYE ANTERIOR	PARACENTESI	2,480.00
65810	PARACNT-EYE ANTER W/RM	PARACENTESI	3,555.00
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE WITH REA	PARACENT AN	3,555.00
65820	TRABECULOTOMY AB EXTERNO98981	GONIOTOMY	3,555.00
65850	TRABECULOTOMY AB EXTERNO	TRABECULOT	3,555.00
65860	Severing adhesions of anterior segment, laser, separate proced	SEVERING ADI	3,000.00
65865	INCIS INNR EYE ADHESNS	SEVERING ADI	2,480.00
65870	INCIS INNR EYE ADHESNS	SEVERING ADI	3,555.00
65875	INCIS INNR EYE ADHESNS	SEVERING ADI	3,555.00
65880	INCIS CORNEOVITREAL ADHESIONS	SEVERING ADI	3,315.00
65920	REMOVE IMPLANT-EYE	REMOVAL OF	5,195.00
65930	REM BLOOD CLOT-EYE	REMOVAL OF	3,760.00
66020	INJ-EYE ANTR CHAMB-AIR	INJECTION, AN	2,480.00
66030	INJ-EYE ANTR CHAMB-MED	INJECTION, AN	1,800.00
66130	EXC LESION-SCLERA	EXCISION OF I	5,195.00
66160	FISTULIZ SCLERA GLAUCM	FISTULIZATIO	3,555.00
66165	FISTULIZ SCLERA GLAUCM	FISTULIZATIO	3,555.00

66170	FISTULIZ SCLERA GLAUCM	FISTULIZATIO	3,775.00
66172	FISTULIZ SCLERA GLAUCM	FISTULIZATIO	3,555.00
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL	TRANSLUMIN/	5,105.00
PHACCANAL	PHACOEMULSIFICATION CATARACT WITH INTRAOCULAR	PHACOEMULS	0.00
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL	66175	5,105.00
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	AQUEOUS SHU	6,090.00
66183	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE	INSERTION OF	6,090.00
66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATI	66184	6,090.00
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERV	REVISION OF /	6,090.00
66250	REV/REP OPER WOUND-ANT	REVISION OR I	2,480.00
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE);	IRIDOTOMY B'	1,800.00
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE);	IRIDOTOMY B'	1,800.00
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTI	IRIDECTOMY,	3,555.00
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTI	IRIDECTOMY,	3,555.00
66680	REPAIR IRIS & CILIARY BODY	REPAIR OF IRI	3,555.00
66682	SUTURE-IRIS CILIARY BD	SUTURE OF IR	3,555.00
66710	CIL BODY DEST-CYCL0 TR	CILIARY BODY	2,480.00
66720	CILIARY BODY DEST-CRYO	CILIARY BODY	2,480.00
66761	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SE	IRIDOTOMY/IR	1,750.00
66762	IRIDOPLSTY-PHOTOCOAG	66762 IRID	1,750.00
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY	DESTRUCTION	1,750.00
66820	DISC SECONDARY CATERACT/STAB INCIS	66820 DISC	1,800.00
66821	Discission of Sec Membranous cataract, laser	66821	2,330.00
66825	REPOS INTRAOCUL LENS PRO	REPOSITIONIN	3,555.00
66840	REMOV LNS MATER-ASPIR TE	REMOVAL OF	3,315.00
66850	REMOV LENS MATER-PHACO	REMOVAL OF	5,195.00
66852	REMOV LENS MATER-PARS	REMOVAL OF	4,405.00
66920	REMOV LENS MATER-INTRA	REMOVAL OF	4,405.00
66930	REMOV LENS MATER - INTRA	REMOVAL OF	4,405.00
66940	REMOV LENS MATERIAL-EXTRA	REMOVAL OF	3,760.00
66982	EXTRCPSLR REM W/INS LENS	EXTRACAPSUI	5,815.00
66983	INTRCATARCT SURG W/IOL	INTRACAPSUL	5,105.00
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION	EXTRACAPSUI	5,815.00
66985	INSERT LENS PROSTHESIS	INSERTION OF	4,300.00
66986	EXCHANGE LENS PROSTHES	EXCHANGE OF	4,300.00
66990	OPHTHALMIC ENDOSCOPE	66990 OPTH	1,800.00
66999	EYE SURGERY PROC	66999 EYE	5,633.00
67005	REM VITREOUS-ANT-PART	REMOVAL OF	4,275.00
67010	REM VITREOUS-ANT-SUBT	REMOVAL OF	4,275.00
67015	ASPR RELEASE-VITREOUS	ASPIRATION O	4,275.00
67025	INJ VITREOUS SUBSTITUTE	INJECTION OF	4,275.00
67027	IMPL INTRAVITREAL DRUG DELIV SYSTEM	IMPLANTATIO	5,710.00
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT	INTRAVITREAL	1,500.00
67030	INCISE INNER EYE STRANDS	DISCISSION OF	2,800.00
67036	VITRECTOMY-MECH PARS	VITRECTOMY,	5,710.00
67038	VITRECTOMY-EPIRET	VITRECTOMY,	6,548.00
67039	VITRECTOMY-FOCAL ENDO	VITRECTOMY,	5,710.00
67040	VITRECTOMY-ENDO PANRET	VITRECTOMY,	5,710.00
67041	VITRECTOMY, MECHANICAL PARS PLANA WITH REMOVAL	VITREC PARS I	5,710.00
67042	VITRECTOR Y W/REMOVAL OF INTERNAL LIMITING MEMBR	VITRECTOMY	5,710.00
67043	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT	VITRECTOMY,	5,710.00
67101	REPAIR RETINAL DETACHMENT	67101 REPA	3,315.00
67105	REPAIR OF RETINAL DETACHMENT PHOTOCOAGULATION	67105	3,760.00
67107	REP DETCH RETINA-SCLER	REPAIR OF RE	5,710.00
67108	REP DETCH RETINA-VIRCT	REPAIR OF RE	5,710.00
67110	REP DETCH RETINA-INJ	67110 REP	2,800.00
67112	REP DETCH RETINA-SC/VT	REPAIR OF RE	5,710.00
67113	REPAIR OF COMPLEX RETINAL DETACHMENT W/VITRECTO	REPAIR OF CO	5,710.00
67115	RELEASE ENCIRLING MATERIAL POSTERIOR SEG	RELEASE OF E	2,800.00

67120	REM IMPLNT MATERIAL POST SEG EXTRAOCULAR	REMOVAL OF	2,800.00
67121	REMOV EYE IMP MAT-INTR	REMOVAL OF	4,275.00
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BF PROPHYLAXIS		1,800.00
67227	DEST RETINOPATHY-CRYO	DESTRUCTION	4,275.00
67228	DEST RETINOPATHY-PHOTOAG	67228 DEST	1,525.00
67255	SCLERAL REINFORCEMENT WITH GRAFT	SCLERAL REIN	4,275.00
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	UNLISTED POS	4,260.00
67311	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOC)	STRABISMUS	3,705.00
67312	STRABISMUS SURG-2 HOR	STRABISMUS	3,705.00
67314	STRABISMUS SURG-1 VRT	STRABISMUS	3,705.00
67316	STRABISMUS TWO OR MORE VERTICAL MUSCLES	STRABISMUS	3,705.00
67318	STRABISMUS SURG-SUP OBLIQUE	STRABISMUS	3,705.00
67320	TRANSPOSITION PROCEED ANY EXTRAOCULAR MUS (ADD C	TRANSPOS EX	3,705.00
67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE	STRABISMUS	3,705.00
67332	trabismus surg; scar/myphy bil	STRABISMUS	3,705.00
67334	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHM	STRABISMUS	3,705.00
67335	ADJ SUTURES W/STRABISMUS SURG	PLACEMENT C	3,705.00
67340	STRABISMUS EXPLORATION AND/OR REPAIR DETACHED E	STRABISMUS I	3,705.00
67343	REL EXTENS SCAR TISSUE	67343 REL	4,300.00
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE99130	CHEMODENER	1,200.00
67399	UNLISTED PROCEDURE, OCULAR MUSCLE	UNLIST PROC	6,548.00
67400	ORBITOTOMY W/O FLAP	ORBITOTOMY	3,730.00
67412	ORBITOTOMY W/O FLP LES	ORBITOTOMY	3,760.00
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANS	ORBITOTOMY	4,200.00
67414	ORBITOTOMY W/O FLP BON REM	67414 ORBI	5,790.00
67500	RETROBULBAR INJECTION	67500 RETR	1,800.00
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); RE	ORBITAL IMPL	3,730.00
67560	ORBITAL IMPLANT-REMOVAL	ORBITAL IMPL	3,730.00
67700	BLEPHAROTOMY-DRN ABSCESS	BLEPHAROTOI	1,500.00
67710	SEVERING TARSORRHAPHY	SEVERING TAI	1,800.00
67715	CANTHOTOMY	CANTHOTOMY	2,875.00
67800	EXCIS CHALAZION-SING	EXCIS CHALAZ	1,500.00
67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	EXCISION OF C	1,800.00
67805	EXCISION OF CHALAZION MULTIPLE DIFFERENT LIDS	EXCISION OF C	1,500.00
67808	REM LES-EYLD W/ANES-BT	EXCISION OF C	2,875.00
67810	BIOPSY OF EYELID	BIOPSY OF EY	1,200.00
67820	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN	CORRECTION C	1,200.00
67825	CORR-TRICHIASIS-EPILAT	67825 CORR	1,200.00
67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN991	CORRECTION C	1,800.00
67840	EXC LESION OF EYELID W/O CLOS/W SMPLE CLOSE	EXC LESION O	2,200.00
67850	DEST LES-LID MARGIN	DEST LES-LID	1,800.00
67875	TEMP CLOSURE EYELID BY SUTURE	67875 TEMP	1,800.00
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN CONSTRUCTIC		2,685.00
67882	CONSTRUCTION INTERMARGINAL ADHESIONS W/ TRANSP	67882	2,875.00
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD REPAIR OF BR		3,315.00
67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHN	REPAIR OF BLI	3,760.00
67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHN	REPAIR OF BLI	3,760.00
67903	REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTK	REPAIR OF BLI	3,315.00
67904_A	REP BLEPHAROPTOSIS	67904 REP	5,175.00
67904	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHN	REP REPAIR OF BLI	3,315.00
67906	REP BLEPHAROPTOSIS	REPAIR OF BLI	3,760.00
67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULI	REPAIR OF BLI	3,315.00
67909	REDUCTION OF OVERCORRECTION OF PTOSIS99202	REDUCTION O	3,315.00
67911	REPAIR OF ECTROPION; SUTURE	CORRECTION C	2,875.00
67912	CORR LAGOPHTHALMOS W/IMPLNT UP	67912 CORR	2,875.00
67914	REP ECTROPION-SUTURE	REPAIR OF EC	2,875.00
67916	REPAIR OF ECTROPION; EXCISION TARSAL WEDGE99210	REPAIR OF EC	3,315.00
67917	REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPI	REPAIR OF EC	3,315.00
67921_A	REP ENTROPION-SUTURE	67921 REP	5,175.00

67921	REPAIR OF ENTROPION; SUTURE	REPAIR OF EN	2,875.00
67922	REPAIR OF ENTROPION; EXCISION TARSAL WEDGE	REPAIR OF EN	3,315.00
67923	REP ENTROPION-BLEPH	REPAIR OF EN	3,315.00
67924	REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR	REPAIR OF EN	3,315.00
67935	EYELID SUTURE -FULL THICKNESS	SUTURE OF RE	2,875.00
67938	REM FB-EYELID	REM FB-EYELI	1,500.00
67950	CANTHOPLASTY	CANTHOPLAS	2,875.00
67961	REVISION OF EYELID<1/4	EXCISION ANI	2,875.00
67966	REVISION OF EYELID>1/4	EXCISION ANI	2,875.00
67971	RECON EYELID-UP TO 2/3	RECONSTRUC	3,730.00
67973	RECON EYELID-UP TO 2/3-2ND ST	RECONSTRUC	3,730.00
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANS	RECONSTRUC	3,730.00
RECUPLID	RECONSTRUCTION UPPER EYELID HUGHES TAKEDOWN	RECONSTRUC	2,875.00
67999	MISC PROC-EYELIDS	67999 MISC	5,175.00
68100	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	BIOPSY OF CO	1,800.00
68110	EXC LES-CONJUNCTIVA <=1CM	EXC LES-CONJ	2,300.00
68115	LES-CONJUNCTIVA > 1CM	EXCISION OF I	2,875.00
68135	DESTRUCT LES,CONJUNCTIVA	68135 DEST	1,525.00
68200	SUBCONJUNCTIVAL INJECTION	SUBCONJUNC	1,200.00
68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR E	CONJUNCTIVC	3,315.00
68335	Repair of symblepharon with free graft conjunctiva or buccal mucous	repair of symblep	3,730.00
68362	CONJUNCTIVAL FLAP-TOTAL	CONJUNCTIVA	3,555.00
68399	MISC PROC-CONJUNCTIVA	68399 MISC	4,260.00
68400	INCISION AND DRAINAGE OF LACRIMAL PUNCTUM	INCISION, DRA	1,200.00
68420	INC/DRN LACRIMAL SAC	68420 INC/	2,875.00
68440	SNIP INCIS LACRIMAL PUNCTU	68440 SNIP	1,200.00
68510	BX LACRIMAL GLAND	BIOPSY OF LA	2,875.00
68520	EXC LACRIMAL SAC	EXCISION OF I	3,730.00
68525	BX LACRIMAL SAC	BIOPSY OF LA	2,875.00
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL	REMOVAL OF	2,875.00
68540	EXCISION OF LACRIMAL GLAND TUMOR, FRONTAL APPRO	EXCISION OF I	3,730.00
68700	PLASTIC REPAIR OF CANALICULI	PLASTIC REPA	3,730.00
68720	DACRYOCYSTORHINOSTOMY	DACRYOCYST	3,730.00
68750	CONJUNCTIVORHIN W/TUBE	CONJUNCTIVC	3,730.00
68760	CLOSURE OF LACRIMAL PUNCTUM THERMOCAUT OR LIGA	CLOSURE OF I	1,500.00
68761	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	CLOSURE OF T	1,200.00
68770	CLS LACRIMAL PUNCTUM W/ CAUT/LIG/LASR	CLOSURE OF I	3,315.00
68801	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IR	DILATION OF I	1,200.00
68810	PROBE NASOLACRIML DUCT	PROBING OF N	1,800.00
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IR	PROBING OF N	2,875.00
68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IR	PROBING OF N	2,875.00
68816	PROBING OF NASAL LACRIMAL DUCT WITH OR WITHOUT I	PROBING NAS.	2,900.00
68840	PROBE LACRIMAL CANALICUL	PROBE LACRIM	1,500.00
68899	TEAR DUCT SYSTEM SURG	TEAR DUCT S	2,571.00
69000	DRAIN EXTERNAL EAR LES	69000 DRAI	1,200.00
69100	BIOPSY EXTERNAL EAR	BIOPSY EXTER	1,525.00
69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	EXCISION EXT	2,470.00
69140	EXC EXOST EXT AUDITORY CANAL	EXCISION EXC	3,680.00
69145	REMOV EAR CANAL LES	EXCISION SOF	2,470.00
69150	RAD EXC EXT AUDITORY CANAL LES	RADICAL EXCI	2,685.00
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY C	REMOVAL FOF	1,200.00
69205	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE),	REMOVAL FOF	3,240.00
69209	REMOVAL IMPACTED EAR WAX UNI	REMOVAL IMF	1,200.00
69210	REMOV IMPACT CERUMEN	REMOV IMPAC	1,500.00
69222	DEBRID-MASTOID CAVITY-SIM	69222 DEBR	2,505.00
69300	OTOPLASTY, PROTRUDING EAR W OR W/O SIZE REDUCTIO	OTOPLASTY, P	3,680.00
69310	RECONS OUT EAR CANAL	RECONSTRUC	6,120.00
69320	RECONST EXT AUD CANAL	RECONSTRUC	6,120.00
69399	EXTERNAL EAR MISC	69399 EXTE	5,175.00

69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTAC MYRINGOTOM	2,685.00
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTAC MYRINGOTOM	2,685.00
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANES VENTILATING	2,505.00
69433	TYMPANOSTOMY LOCAL 69433 TYMP	1,525.00
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TYMPANOSTO	2,685.00
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR O MIDDLE EAR E	3,680.00
69450	TYMPANOLYSIS-TRANSCANL TYMPANOLYS	6,120.00
69501	TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY) TRANSMASTO	6,120.00
69502	MASTOIDECTOMY; COMPLETE MASTOIDECTO	5,195.00
69505	MASTOIDECTOMY; MODIFIED RADICAL MASTOIDECTO	6,120.00
69511	REM MASTOIS STRUCT-RAD MASTOIDECTO	6,120.00
69540	EXC AURAL POLYP 69540 EXC	2,505.00
69603	REV MASTOIDECTOMY-RAD REVISION MASTO	6,120.00
69604	REV MASTOIDECTOMY- RAD REVISION MASTO	6,120.00
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE P TYMPANIC ME	3,680.00
69620	MYRINGPLASTY MYRINGOPLA	3,680.00
69631	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY TYMPANOPLA	6,120.00
69632	TYMPANOPLASTY W/ OSSIC TYMPANOPLA	6,120.00
69633	TYMPANOPLASTY W/OSSIC TYMPANOPLA	6,120.00
69635	TYMPANPLSTY W/ ANTROTOM TYMPANOPLA	6,120.00
69636	TYMPANPLSTY W/ ANT OSS TYMPANOPLA	6,120.00
69641	TYMPANOPLASTY W/MAST TYMPANOPLA	6,120.00
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING C/TYMPANOPLA	6,120.00
69643	TYMPANPLSTY-INTACT WALL TYMPANOPLA	6,120.00
69644	TYMPANPLSTY W/ MST TYMPANOPLA	6,120.00
69645	TYMPANPLSTY W/ MST OCC TYMPANOPLA	6,120.00
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING C/TYMPANOPLA	6,120.00
69660	STAPDECTOMY STAP OR STAP	6,120.00
69661	STAP WITH REESTABLISHMENT OF OSSICULAR WITH FOOT STAPEDECTO	6,120.00
69662	REV STAPEDECTOMY REVISION OF ST	6,120.00
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL IMPLANTATIO	10,500.00
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATE DECOMPRESSI	6,120.00
69799	MISC PROCEDURE MIDDLE EAR 69799 MISC	5,597.00
69949	INNER EAR-MISC PROC 69949 INNE	4,260.00
69990	USE OF MICROSCOPE 69990 USE	1,800.00
92018	OPHTHAM EXAM-GEN ANEST OPHTHAM EX	2,300.00
92019	OPHTHAM EVAL UNDER ANEST 92019 OPHT	355.00
92499	MISC OPHTHAMAL PROC 92499 MISC	4,260.00
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANE OTOLARYNGC	1,200.00
92511	NASOPHARYNGOSCOPY 92511 NASO	4,260.00
96372	THERAPEUTIC PROPHYLACTIC/DIAGNOSTIC INJECTION SU 96372	300.00
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELF REMOVAL OF	2,750.00
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELF REMOVAL OF	1,200.00
29815	ARTHRSCPY-SHOULDR DIG 29815 ARTH	5,175.00
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE 0191T	3,500.00
0192T	INSERT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOC INSERT ACQUI	2,900.00
0232T	INJECTION PLATELET RICH PLASMA, ANY TISSUE INCL IMPL INJ PLSM IMG	1,800.00
0249T	LIGATION HEMORRHOIDAL VASCULAR BUNDLE INCLUDING 0249T	1,800.00
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE 0253T	3,500.00
0335T	EXTRA-OSSEOUS SUBTALAR JOINT IMPLANT FOR TALOTAI 0335T	5,815.00
0406T	NASAL ENDOSCOPY SURGICAL ETHMOID SINUS PLACEMENT NASAL ENDOS	1,200.00
0449T	Insertion of aqueous drainage device, without extraocular reservoir, in	3,500.00
0450T	Insertion of aqueous drainage device, without extraocular reservoir, in	1,500.00
ADJ99999	Administrative Adjustment ADJ99999	0.00
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE ANCHOR/SCRE	0.00
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE 10 OCULAR IMPL	665.87
C9290	INJECTION BUPIVACAINE LIPOSOME 20ML INJECTION BU	1.75
C9447	INJECTION PHENYLEPHRINE AND KETOROLAC 4 ML VIAL C9447	950.00
G0105	COLONOSCOPY, SCREEN HIGH RISK COLORECTAL	2,330.00

G0121	Colonoscopy, screen no high risk	COLORECTAL	2,330.00
G0289	ARTHRSPLY-KNEE-REM BODY	G0289 ARTH	2,607.00
G8907	PATIENT DOCUMENTED NO EVENTS ON DISCHARGE	PT DOC NO EV	0.00
G8908	PATIENT DOCUMENTED TO HAVE RECEIVED A BURN PRIOR	PT DOC W BU	0.00
G8909	PATIENT DOCUMENTED NOT TO HAVE RECEIVED A BURN	PT DOC NO BU	0.00
G8910	PATIENT DOCUMENTED TO HAVE EXPERIENCED A FALL W	PT DOC TO HA	0.00
G8911	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A FA	PT DOC NO FA	0.00
G8912	PATIENT DOCUMENTED TO HAVE EXPERIENCED A WRONC	PT DOC WITH '	0.00
G8913	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A WI	PT DOC NO WI	0.00
G8914	HOSPITAL TRANSFER/ADMISSION PT DOCUMENTED TO HA	PT TRANS TO I	0.00
G8915	PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A HC	PT NOT TRANS	0.00
G8916	PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC	PT W IV AB GI'	0.00
G8917	PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC	PT W IV AB NC	0.00
G8918	PATIENT WITHOUT PREOPERATIVE ORDER FOR IV ANTIBI	PT W/O PREOP	0.00
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH I	13 IMPLANTABLE	0.00
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED I	13455 PROSTHETIC II	0.00
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/O	ORTHOTIC AN	0.00
RECORDFEE	MEDICAL RECORD FEE	MEDICAL REC	20.00
PHACOPT	PATIENT BALANCE FOR CRYSTALENS OR RESTORE LENS	NPATIENT BAL	1,000.00
Q4101	APLIGRAF PER SQUARE CENTIMETER	APLIGRAF PER	0.00
S2342	NASAL ENDOSCOPY FOR POST-OPERATIVE DEBRIDEMENT	NASAL ENDOS	2,900.00
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS BALANCE LEN	POSTERIOR CF	0.00
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL	PROCESS COR	1.00
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION,	AMNIOTIC ME	0.00

ILLINOIS HEALTH FACILITIES AND SERVICES

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Expand Services

at the

Center for Ambulatory Surgery Treatment II

A Non-Hospital Based Ambulatory Surgical Treatment Center

303 N. William Kumpf Blvd. Peoria, Illinois

Peoria, Illinois



Transmittal Letter
ASTC CON Permit Review Draft
Center for Health Ambulatory Surgery Center, LLC Letterhead

May 13, 2019

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield IL 62761

Re: CON Permit Application
Non-Hospital Based Ambulatory Surgery Center (ASTC)
Assignment of Approved ASTC Services

Dear Ms. Avery,

The Center for Health Ambulatory Surgery Center, LLC manages two separately licensed ASTC's in Peoria. One is a multi-specialty ASTC, License #7003124 located at 8800 Route 91 North, Peoria, Illinois, 61615 and the other is a single-specialty ASTC (ASTC-II), License #7003220, located at 303 N. William Kumpf Blvd., Peoria, Illinois, 61605.

As documented in the enclosed CON Permit Application, our multi-specialty ASTC is over-utilized whereas the single-specialty orthopaedic ASTC (ASTC-II) is underutilized and has excess procedural capacity. This CON permit application proposes to assign additional approved ASTC services to ASTC-II thereby creating a multi-specialty ASTC, more specifically:

- 1) There is no proposed change in the approved ASTC services offered between the two respective ASTC's managed by the Center for Health Ambulatory Surgery Center, LLC.
- 2) There is no proposed change in our existing geographic service area (GSA) as defined by current patient origin and the associated utilization.
- 3) There is no proposed change in the existing total procedural capacity available in the two licensed ASTC's.

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- 4) The CON Permit Application simply requests assigning currently approved ASTC services between the two licensed ASTC's under management.
- 5) In addition, there is no proposed capitalized project cost.

Our check #030383 in the amount of \$2,500.00 is enclosed as the application processing fee.

Please contact me if you have any questions. I can be reached by e-mail at tfeldman@cfhasc.com or by telephone at 309-683-5480.

Sincerely,



Thomas J. Feldman
Chief Executive Officer
Center for Health Ambulatory Surgery Center, LLC

Enclosure: Check Number 030383

CC: Mike Constantino, Supervisor, Project Review Section
Ed Parkhurst, Jr., PRISM Healthcare Consulting

ILLINOIS HEALTH FACILITIES AND SERVICES
REVIEW BOARD

CON PERMIT APPLICATION

To

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