

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Surgery Center of Illinois
Street Address: 6701 W. 95th Street
City and Zip Code: Oak Lawn, 60453
County: Cook Health Service Area: 007 Health Planning Area: 031

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

Exact Legal Name: Surgery Center of Illinois, LLC
Street Address: 6701 W. 95th Street
City and Zip Code: Oak Lawn, IL 60453
Name of Registered Agent: Cherise Galbraith
Registered Agent Street Address: 16255 S. Harlem Ave
Registered Agent City and Zip Code: Tinley Park, IL 60477
Name of Chief Executive Officer: Daniel Troy, M.D.
CEO Street Address: 16255 S. Harlem Ave
CEO City and Zip Code: Tinley Park, IL 60477
CEO Telephone Number: (708) 599-5000

Type of Ownership of Applicants

Ownership options: Non-profit Corporation, For-profit Corporation, Limited Liability Company, Partnership, Governmental, Sole Proprietorship, Other.
Includes instructions for corporations and partnerships regarding Illinois certificate of good standing and state information.

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: Juan Morado, Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago IL 60606
Telephone Number: (312) 212-4967 and (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9192

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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

Name: Cherise Galbrith
Title: Administrator
Company Name: Surgery Center of Illinois, LLC
Address: 16255 S. Harlem Ave, Tinley Park, IL 60477
Telephone Number: (708) 599-5000
E-mail Address: cgalbraith@aospinecare.com
Fax Number: N/A

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Oak Lawn 95th Properties LLC
Address of Site Owner: 6701 W. 95th Street, Oak Lawn, IL 60453
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor’s documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Surgery Center of Illinois, LLC
Address: 6701 W. 95th Street, Oak Lawn, IL 60453
<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 [Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements [Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

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 Applicant is proposing to establish a new ambulatory surgical treatment center ("ASTC") located at 6701 W. 95th Street, Oak Lawn, IL 60453. The Applicant proposes to establish a multi-specialty, ASTC with one operating room, offering orthopedic, pain management, and podiatry services. The Applicant proposes to modernize existing building space to build the facility. The proposed project is classified as substantive, as it proposes to establish a new 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	\$974,993	\$1,011,156	\$1,986,149
Modernization Contracts	-	-	-
Contingencies	\$76,487	\$79,323	\$155,810
Architectural/Engineering Fees	\$76,791	\$79,640	\$156,431
Consulting and Other Fees	\$98,179	\$101,821	\$200,000
Movable or Other Equipment (not in construction contracts)	\$532,622	\$552,378	\$1,085,000
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space or Equipment	\$1,296,632	\$1,344,726	\$2,641,357
Other Costs to Be Capitalized	\$92,534	\$95,966	\$188,500
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$3,148,237	\$3,265,010	\$6,413,247
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	-	-	-
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	\$1,851,606	\$1,920,284	\$3,771,890
Leases (fair market value)	\$1,296,632	\$1,344,726	\$2,641,357
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$3,148,237	\$3,265,010	\$6,413,247
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: N/A</p> <p>Fair Market Value: N/A</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ 1,506,046.30 (no deficit)</p>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
<p>Indicate the stage of the project’s architectural drawings:</p> <p style="text-align: center;"> <input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working </p>
Anticipated project completion date (refer to Part 1130.140): July 1, 2024
<p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):</p> <p> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent “certification of financial commitment” document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance. </p>
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

<p>Are the following submittals up to date as applicable:</p> <p> <input type="checkbox"/> Cancer Registry - Not Applicable <input type="checkbox"/> APORS - Not Applicable <input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted- Not Applicable <input type="checkbox"/> All reports regarding outstanding permits - Not Applicable </p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>

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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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							
1 Operating Room ASC and Associated Clinical Space	\$3,148,237		2,723		2,723		
Total Clinical	\$3,148,237		2,723		2,723		
NON REVIEWABLE							
Administrative	\$3,265,010		2,824		2,824		
Total Non-clinical	\$3,265,010		2,824		2,824		
TOTAL	\$6,413,247		5,547		5,547		

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

Facility Bed Capacity and Utilization- NOT APPLICABLE

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


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

CERTIFICATION

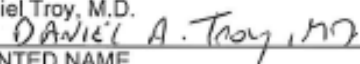
The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- 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 Surgery Center of Illinois, 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.



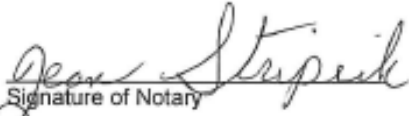
SIGNATURE

Daniel Troy, M.D.


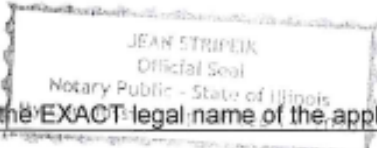
PRINTED NAME
CEO and Managing Member

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19th day of September, 2022



Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

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

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

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC 1 Operating Room	2,723 GSF	2,750 GSF	-27	YES

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

PROJECT SERVICES UTILIZATION:

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

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

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

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	6,623	1,916	85%	YES
YEAR 2	ASTC	6,623	1,973	88%	YES

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Non-Hospital Based Ambulatory Surgery

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

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input checked="" type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input checked="" type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input checked="" type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input 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
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

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

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

SECTION VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those 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**]:

0	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
0	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
0	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
<u>\$6,413,247</u>	d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, 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"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment. 5) For any option to lease, a copy of the option, including all terms and conditions.
0	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
0	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
0	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$6,413,247</u>	TOTAL FUNDS AVAILABLE

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				2024
Current Ratio				1.5
Net Margin Percentage				18%
Percent Debt to Total Capitalization				79%
Projected Debt Service Coverage				1.9
Days Cash on Hand				77
Cushion Ratio				7.1

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
ASTC	\$358.04		2,723				\$974,933		\$974,933
Contingency	\$27.08		2,824				\$76,487		\$76,487
TOTALS	\$385.12		5,547				\$1,051,420		\$1,051,420

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, *including the impact on racial and health care disparities in the community*, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

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

SECTION X. CHARITY CARE INFORMATION

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

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

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

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

Not Applicable. The Proposed project involves the establishment of a new ASTC, and no information regarding the amount of charity care provided in the three years prior to this application is available. The proposed patient payer mix is included with Attachment 38 in this application.

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

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

SECTION XI. SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM



In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Surgery Center of Illinois, LLC 6701 West 95th Street
(Name) (Address)

Chicago IL 60453 708-599-5000
(City) (State) (Zip Code) (Telephone Number)

2. Project Location: 6701 West 95th Street Chicago IL
(Address) (City) (State)

Cook County Oak Law Township
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes ___ No X

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? NO

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____
 Name of Official: _____ Title: _____
 Business/Agency: _____ Address: _____
(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	23-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30-31
6	Historic Preservation Act Requirements	32-40
7	Project and Sources of Funds Itemization	41-42
8	Financial Commitment Document if required	43
9	Cost Space Requirements	44
10	Discontinuation	n/a
11	Background of the Applicant	45-46
12	Purpose of the Project	47-59
13	Alternatives to the Project	60
14	Size of the Project	61
15	Project Service Utilization	62-64
16	Unfinished or Shell Space	65
17	Assurances for Unfinished/Shell Space	66
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
20	Comprehensive Physical Rehabilitation	n/a
21	Acute Mental Illness	n/a
22	Open Heart Surgery	n/a
23	Cardiac Catheterization	n/a
24	In-Center Hemodialysis	n/a
25	Non-Hospital Based Ambulatory Surgery	67-128
26	Selected Organ Transplantation	n/a
27	Kidney Transplantation	n/a
28	Subacute Care Hospital Model	n/a
29	Community-Based Residential Rehabilitation Center	n/a
30	Long Term Acute Care Hospital	n/a
31	Clinical Service Areas Other than Categories of Service	n/a
32	Freestanding Emergency Center Medical Services	n/a
33	Birth Center	n/a
	Financial and Economic Feasibility:	
34	Availability of Funds	129
35	Financial Waiver	n/a
36	Financial Viability	130-131
37	Economic Feasibility	132-134
38	Safety Net Impact Statement	135
39	Charity Care Information	136
40	Flood Plain Information	137-138

Attachment 1
Type of Ownership of Applicants

Included with this attachment are:

1. The Certificate of Good Standing for Surgery Center of Illinois.

**Attachment 1
Certificate of Good Standing- Surgery Center of Illinois**

File Number 0554994-9



To all to whom these Presents Shall Come, Greeting:

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

SURGERY CENTER OF ILLINOIS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 2015, 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 #: 2226700864 verifiable until 09/24/2023
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of SEPTEMBER A.D. 2022 .***

Jesse White

SECRETARY OF STATE

**Attachment 2
Site Ownership**

This site 6701 W. 95th Street, Oak Lawn, IL 60453 is owned by Oak Lawn 95th Properties, LLC, an Illinois limited liability corporation. The property owner proposes to enter into a lease agreement with Surgery Center of Illinois. Both entities are owned and controlled by Dr. Daniel Troy. Attached as evidence is a letter attesting to ownership of the property by Dr. Daniel Troy.

**Attachment 2
Site Ownership**

September 12, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Surgery Center of Illinois- Attestation of Site Ownership

Dear Mr. Kniery,

As a representative of Surgery Center of Illinois, I, Daniel Troy, M.D., I, hereby attest that the site of the proposed Surgery Center of Illinois, located at 6701 West 95th Street, Oak Lawn, IL 60453 is owned by Oak Law 95th Properties, LLC, an entity I maintain sole ownership of.

Furthermore, I attest that the proposed location for the Surgery Center of Illinois, located at 6701 West 95th Street, Oak Lawn, IL 60453 is not located in a flood zone.

Sincerely,

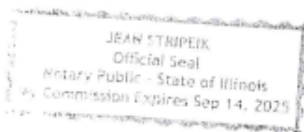


Daniel Troy, M.D.
Chief Executive Officer
Surgery Center of Illinois

Jean Stupeik
(Please Print/Type Name) _____
Signature of Notary: _____

Subscribed and sworn to before me

this 19th day of September 2022



**Attachment 3
Operating Entity
Certificate of Good Standing- Surgery Center of Illinois**

Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State for the proposed licensee, Surgery Center of Illinois.

**Attachment 3
Operating Entity
Certificate of Good Standing- Surgery Center of Illinois**

File Number 0554994-9



To all to whom these Presents Shall Come, Greeting:

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

SURGERY CENTER OF ILLINOIS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 2015, 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.



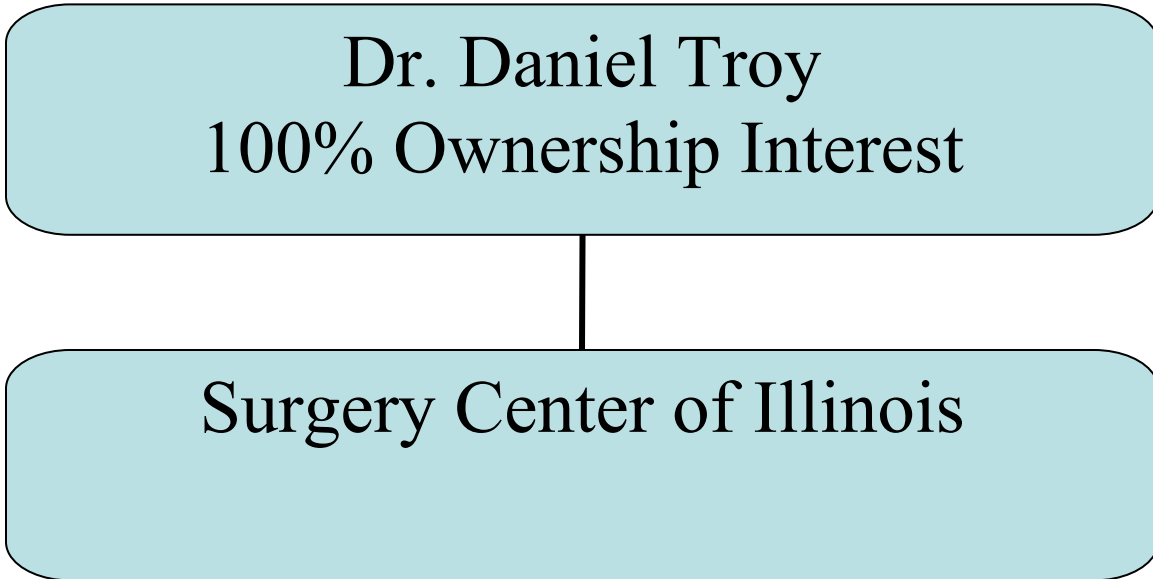
Authentication #: 2226700864 verifiable until 09/24/2023
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of SEPTEMBER A.D. 2022 .***

Jesse White

SECRETARY OF STATE

**Attachment 4
Organizational Chart**



**Attachment 5
Flood Plain Requirement**

Daniel Troy, M.D.
Khaled Almansoori, M.D.
Paul Danielsky, M.D.
Dana Berns, D.P.M.



September 12, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

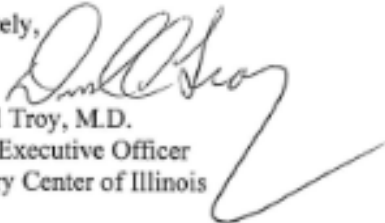
Re: Surgery Center of Illinois- Flood Plain Requirements

Dear Mr. Kniery:

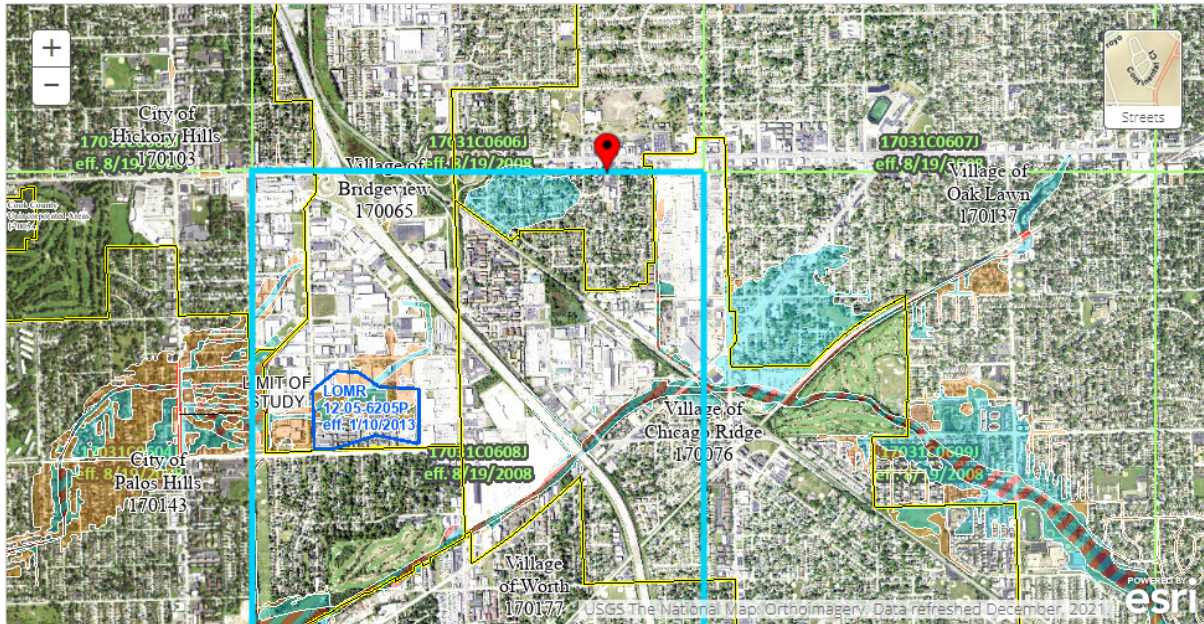
As a representative of Surgery Center of Illinois, I, Daniel Troy, M.D., affirm that the proposed relocation for the facility complies with Illinois Executive Order #2005-5. The facility location at 6701 West 95th Street, Oak Lawn, IL 60453 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

I hereby certify this true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,


Daniel Troy, M.D.
Chief Executive Officer
Surgery Center of Illinois

Attachment 5 Flood Plain Requirement



<p>PIN</p> <ul style="list-style-type: none"> Approximate location based on user input and does not represent an authoritative property location <p>MAP PANELS</p> <ul style="list-style-type: none"> Selected FloodMap Boundary Digital Data Available No Digital Data Available Unmapped <p>OTHER AREAS</p> <ul style="list-style-type: none"> Area of Minimal Flood Hazard Zone X Effective LOMRs Area of Undetermined Flood Hazard Zone D Otherwise Protected Area Coastal Barrier Resource System Area 	<p>SPECIAL FLOOD HAZARD AREAS</p> <ul style="list-style-type: none"> Without Base Flood Elevation (BFE) Zone A, V, A99 With BFE or Depth Regulatory Floodway Zone AE, AO, AH, VE, AR <p>OTHER AREAS OF FLOOD HAZARD</p> <ul style="list-style-type: none"> 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X Future Conditions 1% Annual Chance Flood Hazard Zone X Area with Reduced Flood Risk due to Levee. See Notes. Zone X Area with Flood Risk due to Levee Zone D 	<p>OTHER FEATURES</p> <ul style="list-style-type: none"> Cross Sections with 1% Annual Chance Water Surface Elevation Coastal Transect Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Coastal Transect Baseline Profile Baseline Hydrographic Feature <p>GENERAL STRUCTURES</p> <ul style="list-style-type: none"> Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall
--	---	---

Attachment 6
Historic Resources Preservation Act Requirement

The applicant submitted a request for determination to the Illinois Department of Natural Resources-Preservation Services Division on September 14, 2022. A final determination has been received and is enclosed.

Attachment 6
Historic Resources Preservation Act Requirement



Illinois Department of
Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Colleen Callahan, Director

Cook County
Oak Lawn

CON - Rehabilitation to Establish a Multi-Specialty Ambulatory Surgical Treatment Center
6701 W. 95th St.
SHPO Log #008092622

October 20, 2022

Juan Morado
Benesch, Friedlander, Coplan and Aronoff LLP
71 S. Wacker Dr., Suite 1600
Chicago, IL 60606

Dear Mr. Morado:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at Rita.E.Baker@illinois.gov.

Sincerely,

A handwritten signature in cursive script that reads "Carey L. Mayer".

Carey L. Mayer, AIA
Deputy State Historic
Preservation Officer

Attachment 6
Historic Resources Preservation Act Requirement



Juan Morado, Jr.
71 South Wacker Drive, Suite 1600
Chicago, IL 60606
Direct Dial: 312.212.4967
Fax: 312.757.9192
jmorado@beneschlaw.com

September 14, 2022

VIA EMAIL

Jeffrey Kruchten
Chief Archaeologist
Preservation Services Division
Illinois Historic Preservation Office
Illinois Department of Natural Resources
1 Natural Resources Way
Springfield, IL 62702
SHPO.Review@illinois.gov

Re: Certificate of Need Application for the Establishment of an Ambulatory Surgical Treatment Center- Surgery Center of Illinois

Dear Jeffrey:

I am writing on behalf of my clients, Surgery Center of Illinois ("SCI") to request a review of the project area under Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). SCI is submitting an application for a Certificate of Need from the Illinois Health Facilities and Services Review Board. SCI is proposing to establish a multi-specialty Ambulatory Surgical Treatment Center, to be located at 6701 West 95th Street, Oak Lawn, IL 60532.

The proposed facility will be constructed in an existing structure located at the site. SCI will contain one operating room, examination and recovery rooms, and common and administrative areas. For your reference, we have included pictures of the existing structure and topographic maps (Attachments 1-2) showing the general location of the project.

www.beneschlaw.com

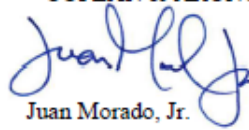
Attachment 6
Historic Resources Preservation Act Requirement

Page 2

We respectfully request review of the project area and a determination letter at your earliest convenience. Thank you in advance for all of the time and effort that will be going into this review.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP



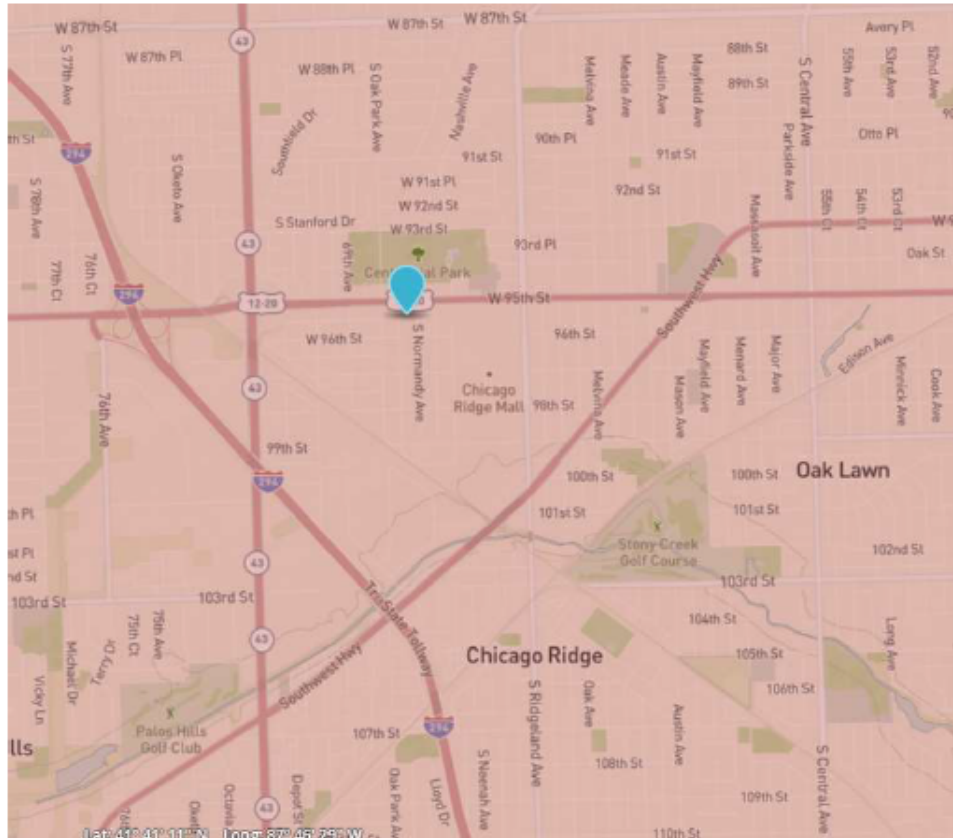
Juan Morado, Jr.

JM:
Enclosures

Attachment 6 Historic Resources Preservation Act Requirement

Page 3

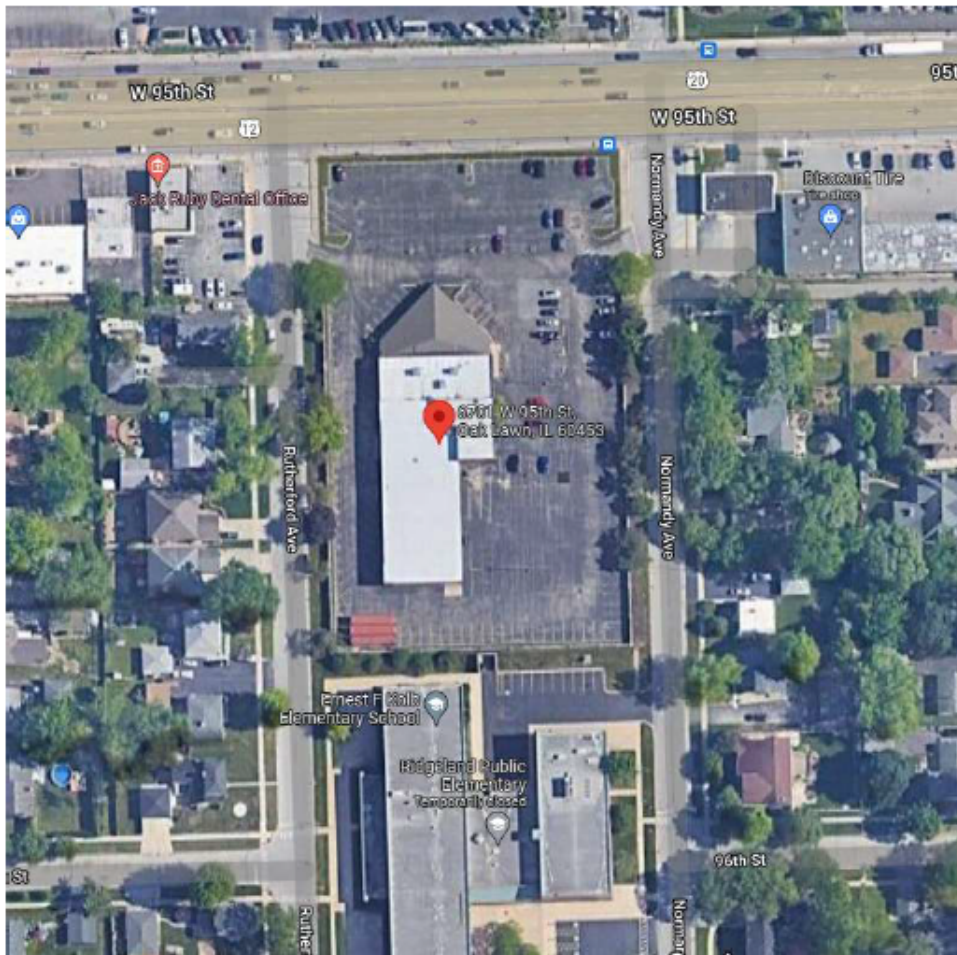
Topographic Map



Attachment 6 Historic Resources Preservation Act Requirement

Page 4

Aerial Map



Attachment 6
Historic Resources Preservation Act Requirement

Page 5

Front View of Property



Attachment 6 Historic Resources Preservation Act Requirement

Page 6

Side View of Property from Street



Attachment 6 Historic Resources Preservation Act Requirement

Page 7

Side View of Property from Parking Lot



Attachment 7
Project Costs and Sources of Funds

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	\$974,993	\$1,011,156	\$1,986,149
Modernization Contracts	-	-	-
Contingencies	\$76,487	\$79,323	\$155,810
Architectural/Engineering Fees	\$76,791	\$79,640	\$156,431
Consulting and Other Fees	\$98,179	\$101,821	\$200,000
Movable or Other Equipment (not in construction contracts)	\$532,622	\$552,378	\$1,085,000
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space or Equipment	\$1,296,632	\$1,344,726	\$2,641,357
Other Costs to Be Capitalized	\$92,534	\$95,966	\$188,500
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$3,148,237	\$3,265,010	\$6,413,247
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	-	-	-
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	\$1,851,606	\$1,920,284	\$3,771,890
Leases (fair market value)	\$1,296,632	\$1,344,726	\$2,641,357
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	\$3,148,237	\$3,265,010	\$6,413,247

Attachment 7 Project Costs and Sources of Funds

New Construction Costs	<ul style="list-style-type: none"> • General Contractor cost, material, and labor cost • Miscellaneous Equipment 	\$1,986,149
Contingencies	<ul style="list-style-type: none"> • Unexpected costs associated with matter not covered under construction contract 	\$155,810
Architectural/Engineering Fees	<ul style="list-style-type: none"> • A/E Site Plans Preparation, Review Process 	\$156,431
Consulting and Other Fees	<ul style="list-style-type: none"> • CON and Permit Related Fees- \$100,000 • Testing Services-\$35,000 • Builder Permit Fees \$25,000 • Project Management-\$40,000 	\$200,000
Moveable or Other Equipment (not in construction contracts)	<ul style="list-style-type: none"> • Instrument Allowance-\$250,000 • OR Table- \$50,000 • Jackson Table- \$90,000 • Sterilizer Steam Machine-\$35,000 • Electrosurgical Unit- \$12,622 • Anesthesia Machine-\$50,000 • Furniture- \$152,378 • HVAC, MEP, and Generator- \$360,000 • Administrative Office Equipment-\$40,000 • Stretcher Chairs and OR Carts- \$45,000 	\$1,085,000
FMV of Leased Space	<ul style="list-style-type: none"> • Cost of Leased Space Annually- \$210,000 with a 5% annual increase, multiplied over 10 years for life of the lease term 	\$2,641,357
Other Costs to Capitalized	<ul style="list-style-type: none"> • IT Related Upgrades to Data room, Software-\$108,000 • HVAC System Commissioning-\$20,000 • Demolition to existing internal space- \$35,000 • Miscellaneous Fees-\$25,500 	\$188,500
Total Project Cost		\$6,413,247

New Construction Contracts- The proposed project will be constructed in an existing office building. The projected building costs are based on national architectural and construction standards and adjusted to compensate for several factors. The clinical construction costs are estimated to be \$974,993 or \$189.56 per clinical square foot.

Contingencies- The Project's contingencies costs are designed to allow the construction team an amount of funding for unforeseeable event related to construction. Clinical construction costs for contingencies are estimated to be \$76,487 or 7.84% percent of projected clinical new construction costs.

Architectural/Engineering Fees- The clinical project cost for architectural/engineering fees are projected to be \$76,791 or 7.30% of the new construction and contingencies costs.

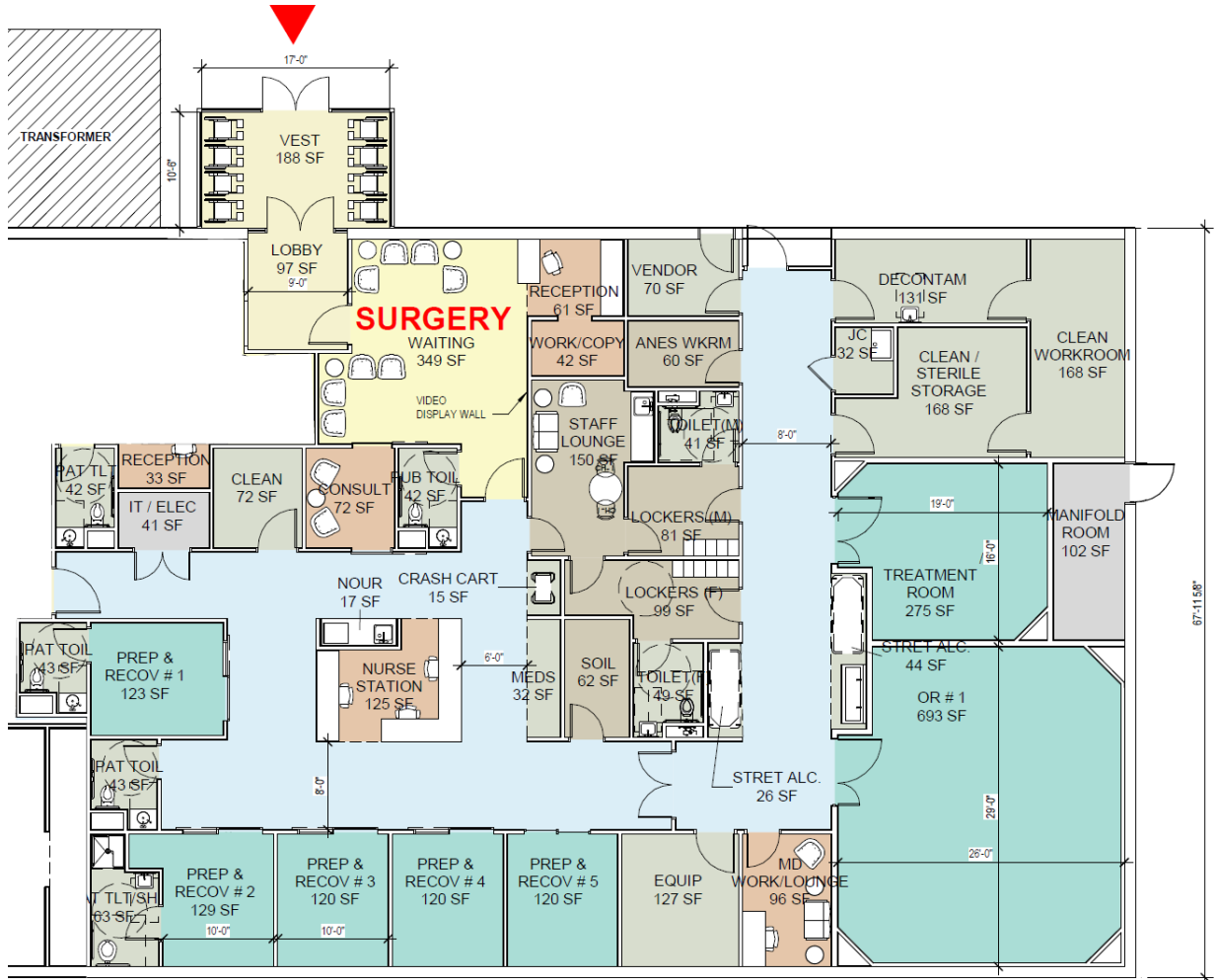
Consulting and Other Fees- The Project's consulting fees are primarily comprised of various project related fees, additional state/local fees, and other CON related costs.

Moveable Equipment Costs- The moveable equipment costs are necessary for the operation of the ASTC, and proposed operating rooms. Clinical Equipment costs are estimated to be \$532,622.

Fair Market Value of Leased Space- The initial lease for the space will be for 10 years, and the annual rent will be \$210,000. There will be a 5% annual increase, each year over the 10-year term. Over 10 years, the total lease value is \$2,641,357.

Attachment 8 Project Status and Completion Schedules

The proposed project plans are still at a schematic stage. The proposed project completion date is July 1, 2024. Financial commitment for the project will occur following permit issuance, but in accordance with HFSRB regulations.



**Attachment 9
Cost Space Requirements**

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							
1 Operating Room ASC and Associated Clinical Space	\$3,148,237		2,723		2,723		
Total Clinical	\$3,148,237		2,723		2,723		
NON REVIEWABLE							
Administrative	\$3,265,010		2,824		2,824		
Total Non-clinical	\$3,265,010		2,824		2,824		
TOTAL	\$6,413,247		5,547		5,547		

Attachment 11

Background of the Applicant

The following information is provided to illustrate the qualifications, background and character of the Applicants, and to assure the Health Facilities and Services Review Board that the proposed hospital will provide a proper standard of health care services for the community.

Surgery Center of Illinois, LLC

The proposed project is brought forth by Surgery Center of Illinois LLC, doing business as Surgery Center of Illinois. Daniel Troy, MD, is the sole owner of Surgery Center of Illinois, LLC. The ownership of facility is reflected in Attachment 4.

Dr. Troy does not maintain an ownership interest in any other healthcare facility. Therefore, the Applicant can certify that there have been no adverse actions taken during the three (3) years prior to filing of this application. A letter certifying to the above information is included at Attachment 11.

We have included a letter authorizing access to the HFSRB and IDPH to verify information contained in the application at Attachment 11.

Dr. Daniel Troy and Advanced Orthopedic & Spine Care

Dr. Daniel Troy is a Board Certified physician who is Fellowship Trained in Multiple Orthopedic Specialties, who specializes in spinal surgery, shoulders, knees, total joint replacement, orthopedic trauma & fracture care. He received his undergraduate degree at the University of Illinois at Urbana-Champaign in electrical engineering and his medical degree from Rush Medical College. Dr. Troy began his residency in orthopedic surgery at the University of Illinois at Chicago. He completed his fellowship training at the Hughston Sports Medicine Hospital in Columbus, Georgia where he focused on sports medicine injuries. He then went on to pursue further fellowship training in spinal surgery at the renowned Leatherman Spine Center in Louisville, Kentucky.

Dr. Troy serves several academic positions instructing orthopedic residents from the University of Illinois at Chicago Medical Center and Midwestern Osteopathic Orthopedic residents. He also serves as mentor to medical students, emergency medicine residents and family practice residents. Dr. Troy is also involved in several research projects regarding the spine and sports injuries.

Dr. Troy began Advanced Orthopedic & Spine Center ("AOSC") and has grown the practice to include two locations within the geographic service area. The offices are located in Tinley Park and Oak Lawn. Currently there are three other physicians who are part of the AOSC practice.

Dr. Paul Danielsky is Board Certified and Fellowship trained in adult joint replacement and reconstruction. He received his medical degree from University of Michigan and completed his residency in Orthopedic Surgery at Western Michigan University and his fellowship at Southern Illinois University School of Medicine in adult reconstruction. Dr. Dana Berns is a Podiatrist and specialist in operative treatment of foot and ankle disorders. She completed a three-year surgical residency in trauma and reconstructive surgery of the foot and ankle at Mercy Hospital & Medical Center in Chicago. She is also an active member of the American Podiatric Medical Association and the American College of Foot and Ankle Surgeons. Dr. Khaled Almansoori is a Board Certified and Fellowship trained in orthopedic trauma and reconstruction, pediatric orthopedic surgery, and spinal surgery. He pursued a Pediatric Orthopedic Fellowship with a focus on spinal and skeletal deformity care at the Children's National Medical Center in Washington, DC. In order to broaden his field of expertise, he undertook a third fellowship in Adult Spinal Surgery from the University of Calgary to incorporate more minimally invasive techniques and provide a tailored range of modern options when caring for adult and pediatric spinal and skeletal deformities.

**Attachment 11
Background of the Applicant**

Daniel Troy, M.D.
Khaled Almansoori, M.D.
Paul Danielsky, M.D.
Dana Berns, D.P.M



September 12, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Surgery Center of Illinois – Certification and Authorization

Dear Mr. Kniery,

As a representative of Surgery Center of Illinois, I, Daniel Troy, M.D., give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (“IDPH”) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Surgery Center of Illinois, has no ownership interest in excess of 5% in any other healthcare facilities. Thus, the entity has no adverse actions to report for the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

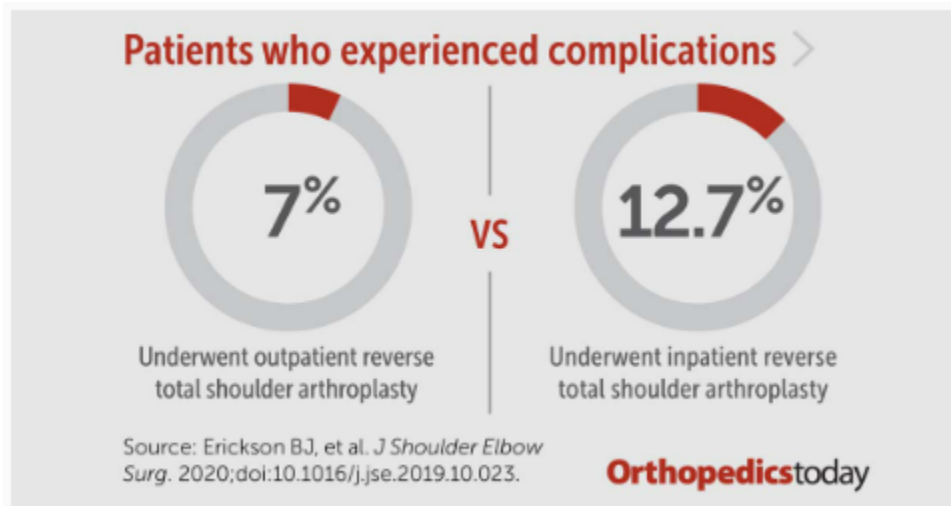
Daniel Troy, M.D.
Chief Executive Officer
Surgery Center of Illinois

Attachment 12 Purpose of the Project

Dr. Troy and the team of physicians that comprise Advanced Orthopedic & Spine Care (“AOSC”) have a vibrant practice that, as is evidenced by the documentation supporting Attachment 15, below, regarding Project Services Utilization, is fractured among several locations. The impact of performing services at over a half-dozen locations has a real impact upon the physicians as well as the patient population. Approving the establishment of this surgery center will have minimal impact upon the locations at which these physicians provide care but will have significant impact on the quality of experience and positive outcomes for the patients AOSC serves. This project is about improved access and stability for an already established patient population. The availability of quality facilities and improved access is a core tenet of the CON program. AOSC physician focus on orthopedic, podiatry and pain management procedures utilizing state of the art surgical techniques.

The market area as defined by regulation is 10 miles from the location which the ASTC will be established. The vast majority of the expected patients are already being treated by the applicant physicians and this practice. However, to be able to obtain care from the physicians already managing their care, these patients have had to travel significant distances, faced difficulty in scheduling procedures in busy hospital surgical suites, and AOSC physicians are utilizing over 5 different locations to perform surgical procedures, a burden that will be relieved through the approval of this project.

The trends in healthcare (both by government and private payers) are encouraging physicians and facilities to relocate procedures that can safely and efficiently be performed in an ambulatory setting from the hospital setting because of quality, infection control, and cost. Infection control is huge focus for AOSC and more generally “outpatient surgery may also promote the use of less invasive procedures because there are restrictions on the patient length of stay at the facility after surgery”¹.



There are also other factors which are driving the push for procedures in outpatient settings. Dr. John Sperling from the Mayo Clinic stated in an article for Orthopedics Today that “COVID-19, where there was the desire among hospitals due to decreased bed capacity to transition to outpatient joint arthroplasty, as well as patients who had a preference for minimizing their time in the hospital and also preferred to pursue joint arthroplasty as an outpatient procedure.”²

¹ <https://www.healio.com/news/orthopedics/20210809/changes-in-policy-protocols-advance-outpatient-surgery>

² *Id.*

Another factor to consider is that there are multiple payors that are driving the provision of care from the hospital into an ambulatory setting by adjusting the reimbursement available or strongly encouraging the relocation of the procedure. "New payer policies are expected to accelerate the move to the outpatient setting in the coming years, in addition to increased patient demand, minimally invasive surgeries and the effects of the pandemic. According to the AAOS, most of the outpatient growth over the next decade will be in orthopedic surgery, followed by ophthalmology, gastroenterology and pain management.³" The approval of this application is timely and necessary for the patients of this population.

This ASTC will be operated in a manner that ensures the safety of its patients, always giving high quality care to patients in a convenient and lower cost environment. By offering patients an affordable alternative to hospital-based surgical services, the result is often lower copayments for patients and less costly reimbursement by all payor types. Increased access and reduced costs. The purposes of this project align entirely with the purposes of the CON program. Below is a list of the most common procedures that will be performed at the proposed facility and the associated savings that patients will have access to through having their surgical procedure performed in an outpatient setting.

Procedure Code	Description	Medicare				Savings to Patient
		Total Cost-ASTC	Medicare Payment	Total Cost-HOPD	Medicare Payment	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])	\$1,970	\$1,576	\$3,502	\$2,801	\$306
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$3,874	\$3,099	\$7,273	\$5,818	\$680
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$5,128	\$4,102	\$7,400	\$5,919	\$454
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$1,750	\$1,400	\$3,282	\$2,625	\$306
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or	\$1,938	\$1,551	\$3,470	\$2,776	\$306

³ <https://www.beckersasc.com/asc-coding-billing-and-collections/commercial-payers-driving-cases-to-asc-orthopedics-most-primed-for-growth.html>

	separate compartment(s), when performed					
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	\$4,134	\$3,307	\$7,533	\$6,026	\$680
27650	Repair, primary, open or percutaneous, ruptured achilles tendon;	\$3,674	\$2,939	\$7,073	\$5,658	\$680

The proposed project will address several existing problems in the geographic service area including the need for an additional ASTC for orthopedic surgical services, improving clinical care continuum for AOSC patients, and by addressing the push by CMS, private payors and other for transition surgical procedures to an outpatient ASTC setting.

Commercial payers driving cases to ASCs; orthopedics most primed for growth

A growing number of commercial insurers are revamping policies to push providers and patients out of the hospital and into ASCs, where procedures can be performed at a lower cost.

Prior to the COVID-19 pandemic, UnitedHealthcare adopted a policy that restricted sites of care for some nonurgent surgeries and was projected to save beneficiaries \$500 million in 2020, according to [The National Law Review](#). Since November 2019, the payer reimburses only for surgeries performed in hospital outpatient departments if the setting is medically necessary based on the acuity of the patient.

Anthem, which has [40 million members](#) across 14 states, followed suit in an August 2020 clinical utilization management guideline that limited the use of HOPDs. According to Anthem, the use of outpatient hospital surgical facilities [are](#) medically necessary if the procedure is of a level of complexity that it cannot be safely performed in a less intensive setting or "the individual has clinical conditions which may compromise the safety of an office-based procedure," such as conditions that require enhanced anesthesia monitoring, medications or prolonged recovery, or where the patient is at an increased risk for complication because of severe comorbidity.

Last year, Empire BlueCross BlueShield in New York also updated its policy. As of Jan. 1, 2021, the insurer's commercial plan members [need](#) a medical necessity review to have certain procedures performed in an HOPD instead of an ASC. The policy relates to a range of specialties, including orthopedics, gastroenterology, ophthalmology and gynecology procedures.

"We feel that Empire BCBS's new site of service policy is a logical progression in the ongoing transition of surgical care toward the high-quality, lower cost setting of ambulatory surgery centers," Jon Van Valkenburg, president of the New York State Association of Ambulatory Surgery Centers and executive director of Upstate Orthopedics Ambulatory Surgery Center in East Syracuse, told [Becker's ASC Review](#). "If health plans can direct patients to a clinically appropriate setting that saves money for patients and employers without any compromise of clinical outcomes, why wouldn't they? This decadeslong volume shift has recently accelerated, and we expect it to continue to fuel the growth of ASCs in New York and throughout the country."

In 2019, more than 1.2 million hip and knee replacements were [performed](#) in the U.S., a number expected to steadily increase over the next decade. About 90 percent of joint replacements for privately insured individuals in 2018 took place in hospitals.

As outlined in various studies, the potential savings of moving total joint replacements to surgery centers is significant, with the cost of treatment being about [40 percent](#) less in an ASC compared with a hospital setting. On average, outpatient total joint replacements cost \$11,677, with inpatient surgery costing \$19,361, according to research from New York City-based Hospital for Special Surgery and Philadelphia-based Rothman Orthopaedic Institute.

With these savings top of mind in the move toward value-based care, UnitedHealth Group projected that migrating half of routine total joint replacements from hospitals to ASCs could yield \$3 billion in annual savings — \$2 billion for privately insured individuals and employers and \$1 billion for Medicare beneficiaries and the federal government.

Commercial payers driving cases to ASCs; orthopedics most primed for growth

AAOS, most of the outpatient growth over the next decade will be in orthopedic surgery, followed by ophthalmology, gastroenterology and pain management.

Latest articles on ASC Coding, Billing and Collections:

[Illinois practice, ASC launches health plan](#)

['The standard of medicine in this country will continue to decline': 4 leaders on reimbursements](#)

[Cigna's profits up 70% in Q3 and 3 more company updates](#)

<https://www.beckersasc.com/asc-coding-billing-and-collections/commercial-payers-driving-cases-to-asc-orthopedics-most-primed-for-growth.html>

Changes in policy, protocols advance outpatient surgery

August 16, 2021

Changes in policy, protocols advance outpatient surgery

December 2020 saw CMS finalize a proposal to eliminate the inpatient only list in a 3-year transitional period, which allowed about 300 primarily musculoskeletal-related services to be performed in the hospital outpatient setting.

The 2021 Medicare Hospital Outpatient Prospective Payment System and ASC Payment System final rule also added 11 procedures to the ASC-covered procedures list, including total hip arthroplasty. These CMS policy changes, which start with removal of total knee arthroplasty from the inpatient only list in 2018, combined with a refinement of surgical and patient management protocols in the last 5 to 10 years, have led to a shift from performing orthopedic procedures in an inpatient setting to an outpatient hospital or ASC setting, according to **William G. Hamilton, MD**, of Anderson Orthopaedic Clinic and Anderson Orthopaedic Research Institute.



R. Michael Meneghini, MD, said successful outpatient surgery requires patients be educated about their medications, as well as about how to minimize any complications and why postoperative home support is necessary.

Source: R. Michael Meneghini, MD

In addition, patient education and demand added to the sharp increase in orthopedic procedures being performed in outpatient or ASC settings, **Jeffrey S. Roh, MD**, CEO of IntuitiveX, said. There is also increased interest in this area now that surgeons have found innovative ways to perform these procedures, he said.

What began as mild interest among surgeons and patients in this shift in surgical site, later "spread like wildfire," according to Hamilton, who said the shift to outpatient surgery seemed to speed up "over the course of the past 1 to 2 years."



William G.
Hamilton

Sources who spoke with *Orthopedics Today* said the COVID-19 pandemic may be a factor that accelerated the shift to surgery in an outpatient or ASC setting that was underway before the onset of the pandemic.

"The shift was already in place, but it was only accelerated by COVID-19, where there was the desire among hospitals due to decreased bed capacity to transition to outpatient joint arthroplasty, as well as patients who had a preference for minimizing their time in the hospital and also preferred to pursue joint arthroplasty

Changes in policy, protocols advance outpatient surgery

an outpatient procedure,” John W. Sperling, MD, MBA, professor of orthopedic surgery at Mayo Clinic in Rochester, Minnesota, told *Orthopedics Today*.

With the desire to keep patients out of the hospital, Hamilton noted surgeons started to become more comfortable and flexible about which patients would undergo outpatient surgery. Despite a return to pre-pandemic standards as restrictions were lifted and cases of COVID-19 were reduced, Hamilton said outpatient orthopedic procedures, specifically total joint procedures, have started to become the norm in some communities as comfort levels of surgeons and patients changed.

“Performing outpatient surgery during the pandemic started to open our eyes to what can be done,” Hamilton, an *Orthopedics Today* Editorial Board Member, said.

Protocol, patient selection changes

Prior to COVID-19, for outpatient surgery to grab a hold in orthopedics, spine surgeon Daniel B. Murrey, MD, MPP, chief of the Health Care Systems Committee of the American Academy of Orthopaedic Surgeons, said physician champions needed to lead the way in finding a safe and efficient way for it to be done.



Daniel B. Murrey

“We saw emerging over the last decade a number of physician champions who took this on to try to figure out what is the best way to transition those cases to the outpatient setting and the ambulatory surgery environment,” Murrey told *Orthopedics Today*.

According to Murrey, challenges that had to be overcome for outpatient surgery to be successful include establishing new pain control protocols, avoiding techniques that limited mobility or created challenges with early discharge and establishing anesthesia protocols that reduced the incidence of postoperative nausea and urinary retention.

R. Michael Meneghini, MD, director of Indiana University Health Hip and Knee Center and professor of clinical orthopedic surgery at Indiana University School of Medicine, said patients may also have to be more stringently selected to undergo a procedure at an ASC that is not affiliated with or in close proximity to a hospital.

“It is inappropriate to have a patient who is older and frailer, has multiple medical comorbidities struggling in the postoperative care unit and fails to discharge from an ambulatory surgery center,” Meneghini, an *Orthopedics Today* Editorial Board Member, said. “Many freestanding ASCs do not have overnight capacity or hospital beds. They do not have a ‘safety net.’”

He said patient selection will become more important as Medicare patients with more medical comorbidities have surgery in the ASC setting.

“We need to look at these patients’ medical comorbidities. Is their diabetes controlled? Do they have obstructive sleep apnea where they might have low saturations if they go home and are not monitored?” Meneghini said. “That medical risk mitigation and management process must be robust so that the older Medicare patients are able to be done safely without increasing the complication rates.”

However, as surgeons become more familiar with outpatient procedures, they will be able to identify the best candidates for these procedures with more certainty, he said.

“Over time, my assumption is that more of these procedures will be done on an outpatient basis,” he said.

Patient, surgeon education

With discharge to home after outpatient surgery, Meneghini said it is important to educate patients on their medications and how to minimize complications ahead of time in the preoperative process.

The patient’s education should also include a discussion of the importance of home support after surgery, he said.

Changes in policy, protocols advance outpatient surgery

"We have to make sure someone is going to be with that patient overnight, that they are a reliable person and that [the patient has] a good environment to go to because they are not going to be in the hospital," Meneghini told *Orthopedic Today*.

Sperling prefers patient education for an outpatient procedure be provided preoperatively, not postoperatively.



John W.
Sperling

"That way the patient is comfortable, is clear on the rehabilitation program, they know how to place their sling and they know how to properly take care of their shoulder replacement," said Sperling, an *Orthopedic Today* Editorial Board Member.

Meneghini said it is important that surgeons and hospitals are educated in the best way to keep patients during and after an outpatient procedure.

"We call the majority of our patients the next morning to make sure they are doing OK. It is like rounding by phone, if will," Meneghini said. "We have a health patient engagement app that they can [use to] email us any time they want. email us back and forth and they have access to me 24/7 by phone. These are processes we are trying to make sure ASCs and institutions implement and have in place prior to launching an outpatient joint replacement program."

Physician ownership

The capability of physician ownership in and management of an ASC has also driven more orthopedic procedures to be performed as outpatient, according to sources who spoke with *Orthopedics Today*. Not only has this led to an increase in happiness and satisfaction among both surgeons and patients, but it has also provided physicians with ancillary income which may help combat consistent reductions in physician reimbursement for performing the surgery, Hamilton said.

"We are all ethically bound to make sure we are not referring based on ownership. However, once surgeons have a role managing the operations and efficiencies of an ASC, it can lead to an improved experience for both patient and surgeon. As surgeons experience the pleasant environment of an ASC and see the benefits for their patients, they may choose to take more of their patients there over time," Hamilton told *Orthopedics Today*.

Although revenue sharing from running an outpatient surgery center is an added benefit to physicians, Scott D. Boden MD, professor and chair in the department of orthopedics at Emory University School of Medicine and vice president Business Innovation for Emory Healthcare, said this may lead to a drain on resources provided by general hospitals.



Scott D. Boden

"Unfortunately, the trend is a little bit worrisome in terms of the financial model that helps support care pneumonia and other things that people get admitted to the hospital for without some of that revenue or margin from the operating room," Boden, Spine Section Editor of *Orthopedics Today*, said.

Joint ventures

Some hospitals have recognized this challenge of losing patient volume with the growth of ASCs and have embraced the change by entering into a joint venture regarding an ASC with surgeons, Murrey said.

"There are hospitals that have challenges with OR time and capacity and have embraced joint venturing on ASCs that actually doing outpatient joints," he said. "Being able to diversify their offerings to patients they know, in the long run going to make them more attractive to their patients."

By creating a joint venture that does not include a third-party capital partner, Boden said hospitals and surgeons would be helping to keep revenue within the health care system.

"At least in a joint venture between a hospital and a group of physicians, some of the money is going to the physician investors, but some of it is still staying within the hospital system," Boden told *Orthopedics Today*. "Now, when you have a third-party capital partner working with physician groups, all of those dollars are leaving the hospital system."

Changes in policy, protocols advance outpatient surgery

However, when partnering in a joint venture, Hamilton said hospitals and surgeons must collaborate so that it is mutually beneficial for both. This can be done when hospitals engage surgeons with attractive packages that comply with Stark anti-kickback laws and benefit both the surgeon and the hospital, while surgeons work with the hospital “to maintain integrity of local health systems,” he said.

“This is a paradigm shift as, historically, hospitals have not involved physicians in profit-sharing initiatives,” Hamilton said. “If a health system fails to recognize these ongoing changes, surgeons may choose to take their cases elsewhere. This can be bad for all parties — hospitals, physicians and the communities they serve.”

Patient-centered care

In addition to keeping revenue within the health care system, joint ventures provide the opportunity to create a health care delivery ecosystem that addresses the needs of older, sicker and less mobile patients; younger, healthier patients and everyone in between, according to Murrey.

“We talk a lot about patient-centered care, but all too often we have physician-centered care or facility-centered care not patient-centered care,” Murrey said.

According to Murrey, the Bundled Payments for Care Improvement (BPCI) initiative provides an example of a program that caused surgeons and hospitals to rethink how they delivered care, particularly in regard to total joint arthroplasty.

“The way we used skilled nursing facilities and inpatient rehab facilities dramatically changed for those who went through the BPCI program because we realized we were making decisions based on what was convenient for the facility but not necessarily what was patterned directly for those patients’ care,” Murrey said. “It forced us to be a lot more intentional about how we redesigned care for different cohorts of patients, and I think it was a good first step in getting us to rethink all of these ways of doing things.”

Advantages of outpatient surgery

Although the full impact of outpatient surgery on patient care remains to be seen, Hamilton said it will not only improve care, but provide an opportunity for reductions in the overall costs.



Jeffrey S. Roh

“[Outpatient surgery is] going to radically reduce the cost of care because doing it in an outpatient setting is more affordable; it will free up hospitals to do what they do best, which is care for sick patients; and surgeons, with ownership, will be able to get some ancillary income, which is good in a challenging reimbursement environment,” Hamilton said. “I think there are benefits up and down the line for both patients and surgeons, as well as society, because it is going to help bring down costs.”

Outpatient surgery may also promote the use of less invasive procedures because there are restrictions on patients’ length of stay at the facility after surgery, according to Roh.

“You would not consider doing a large open type of surgery in a surgery center because most surgery centers have 23-hour overnight stay capabilities, but not much beyond that,” Roh told *Orthopedics Today*.

Boden said a lot of the advantages of performing surgery in an outpatient or ASC setting depend on the focus of the surgery center and surgical team and the efficiency of the operation.

“You can provide an excellent patient experience and an excellent surgeon experience in an operating room that is attached to a hospital if you do it right, the same as you can in a freestanding ASC,” Boden said. “There is not anything magical about having an operating room that does not attach to a hospital. It is more about the way it runs.”

Outpatient surgery with value

Surgeons interested in performing outpatient surgery should identify their ability to provide greater value for their patients in a different setting of care, as well as perform a realistic assessment of the facilities they are employed in and whether those facilities support performing outpatient surgery, Murrey said. Surgeons also must perform an honest

Changes in policy, protocols advance outpatient surgery

assessment of their performance, he said.

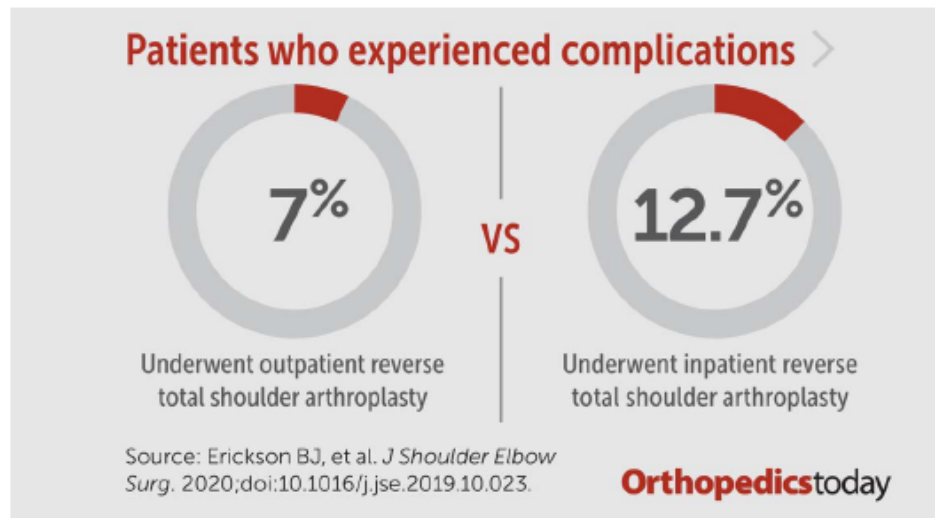
“Are your safety numbers as good as they have historically been? Is your patient experience as good as it has historically been and can you feel good about that clinical outcome or not?” Murrey said. “It is important to retrospectively ... look at that and make sure that once you have done it, that you are continuing to iterate and improve on it.”

He said surgeons need to also be willing to put the work into performing outpatient surgery.

“It is always easier to do it the way we have always done it than it is to create a change and have to go through that period of adjustment and train the team and make sure the systems are all in place,” Murrey said. “Any of these changes require a commitment, but once you are there and you get to the new normal, it can be a better place for the appropriate patients.”

Need for hospitals

Surgeons with questions or concerns regarding outpatient surgery should turn to their colleagues who have the most experience in performing outpatient surgery for answers, according to Sperling.



“This has become a key topic at many of our meetings, trying to learn from those who pioneered doing [shoulder surgery] in an outpatient setting, learning what are the best practices. That way, surgeons do not have to reinvent the wheel,” Sperling said. “They can learn from our colleagues what has been most successful and what have they learned from to make this transition.”

Yet, even as surgery centers become more prevalent, Roh said this does not mean hospitals will become nonexistent or obsolete.

“We will always have need for the sickest of patients with the most complex type of conditions to have their care provided at a hospital system,” Roh said. “But, as we develop more techniques and technologies that allow surgeons to be able to perform similar types of procedures in a less invasive fashion, then we should all be open to the fact that many of these procedures can be done in an outpatient setting.”

New Data Confirms Orthopedic Surgery Costs Lower in ASCs - ASC Focus Magazine



Digital Debut / New Data Confirms Orthopedic Surgery Costs Lower in ASCs

Digital Debut

New Data Confirms Orthopedic Surgery Costs Less in ASCs

HOPDs charge 26 percent more for the same procedures

BY ALEX TAIRA | MARCH 2022

A new research article published in the March 2022 issue of the *Journal of the American Academy of Orthopaedic Surgeons* (JAAOS) shows low costs for orthopedic surgery at ASCs compared to hospital outpatient departments (HOPD) even as utilization of ASCs increases. Past research, such as analysis from KNG Health Consulting in 2020, showed significant savings due to orthopedic procedure performance in ASCs for Medicare beneficiaries. That analysis revealed that musculoskeletal procedures performed in ASCs as opposed to HOPDs saved Medicare \$3.26 billion between 2011 and 2018. However, less research has been done on commercial

<https://www.ascfocus.org/ascfocus/content/articles-content/articles/2022/digital-debut/new-data-confirms-orthopedic-surgery-costs-lower-in-asc>

New Data Confirms Orthopedic Surgery Costs Lower in ASCs - ASC Focus Magazine

populations that utilize outpatient sites of service—such as ASCs and HOPDs—with even greater frequency due to better baseline health compared to Medicare beneficiaries.

The JAAOS researchers looked at commercial claims for a group of common orthopedic surgery procedures between 2013 and 2018. The procedures studied were open carpal tunnel release (CTR), lumbar microdiscectomy (LMD), anterior cruciate ligament (ACL) reconstruction, knee arthroscopy (KA), arthroscopic rotator cuff repair (RCR) and bunion repair (BR). Primary outcome measures were ASC utilization and total cost per surgical case, and the authors also considered technical fees—which is facility fees—and the surgeon's professional fee. The final claims set included 990,980 commercial cases, with KA, CTR and RCR representing the highest volume services at 38 percent, 17 percent and 15 percent, respectively.

The researchers found that commercial ASC utilization increased from 31 percent across all procedures in 2013 to 34 percent in 2018. The procedures experiencing the highest growth rate in that period were LMD, 3.3 percent, and KA, 1.8 percent. By 2018, ASCs accounted for 39.1 percent of commercial KA and at least 35 percent of commercial claims for all procedures studied except for LMD, which was 18.5 percent of commercial volume in ASCs.

On average, total costs were 26 percent lower for orthopedic surgical procedures at ASCs compared to HOPDs. This finding held true even when running an analysis that controlled for differences in the patient populations such as age, sex and comorbidity. The facility fee was, on average, 33 percent lower at ASCs than HOPDs. This is less than the disparity between ASC and HOPD Medicare reimbursement—on average ASCs are paid roughly half of the HOPD Medicare facility payment—and still shows significant savings potential for moving eligible procedures to ASCs. Authors of the study also found that the commercial facility payment increased faster for HOPDs—3.1

<https://www.ascfocus.org/ascfocus/content/articles-content/articles/2022/digital-debut/new-data-confirms-orthopedic-surgery-costs-lower-in-asc>

New Data Confirms Orthopedic Surgery Costs Lower in ASCs - ASC Focus Magazine

percent annual growth—in the period studied compared to ASCs—0.4 percent annual growth. Surgeon professional payments were 11 percent higher at ASCs compared to HOPDs, which the authors theorize might be due to commercial payers trying to incentivize procedure performance in the lower-cost ASC setting. Even with the higher professional payment, the average knee arthroscopy was 46.6 percent more expensive if performed in an HOPD compared to an ASC.

These findings further confirm ASCs as a low-cost, high-quality site of service for outpatient orthopedic procedures. The authors looked at commonly performed procedures, some of which are performed with even greater frequency in ASCs for Medicare beneficiaries. For example, ASCs performed almost half of knee arthroscopies—HCPCS 29880 and 29881—on Medicare beneficiaries in 2018. While certain patients will always be better suited for the hospital setting based on age or comorbidity, ASCA expects that further migration for commonly performed outpatient surgical procedures will continue to occur, not just in the orthopedic specialty but across all surgical specialties. <<

<https://www.ascfocus.org/ascfocus/content/articles-content/articles/2022/digital-debut/new-data-confirms-orthopedic-surgery-costs-lower-in-asc>

Attachment 13 Alternatives

Alternative #1: Maintain the Status Quo

This alternative has no capital costs associated with it. However, it does nothing to address the issue that Advanced Orthopedic & Spine Care (“AOSC”) is seeking to solve. Dr. Troy and his practice already serving this community and already familiar with this patient population. Maintaining the status quo runs the very high risk that patients will either face more limited access to these services in their community, will continue to be forced to travel long distances to receive outpatient care and would likely force patients into a more restrictive and more costly setting for the provision of care. Given the nature of the practice, this also includes a greater likelihood of patients have to spend prolonged periods of time suffering from acute or chronic pain. For these reasons, this alternative was not selected.

Alternative #2: Pursuing a Joint Venture

A second alternative considered by the applicant was entering a joint venture with one or more providers or entities instead of establishing a new ASTC in the local geographic area. The total projected cost of this alternative is, ultimately, unknown. It is likely similar to the proposed cost of this project with the expense being shared among the joint venture. The applicant determined that this alternative is suboptimal because the applicant already has an existing medical office and ASTC where the proposed ASTC will be located and as such the applicant already has an established patient base in the area. Moreso, the applicant recognizes entering a joint venture would not allow the applicant the ability to design and create a center that would best fit the needs of its patients and practice autonomously, which is how the applicant has been serving this patient population for years. Finally, as evidenced by the large number of other locations to which applicants have had to turn for the provision of care to its patients, AOSC is agnostic as to which providers it partners with to provide care. To pursue a joint venture with any one would likely alienate other area providers and carries with it the risk of being unable to meet the needs of its patient population while this project is being constructed or, worse, were the project unsuccessful. For these reasons, this alternative was not selected.

Alternative #3: Propose a Project of Greater or Lesser Scope

Creating a large-scope project would undoubtedly increase the capital expenditure associated with such project. The costs associated with a smaller project would be reduced, but would not sufficiently reduce, the capital expenditures in a meaningful way. Adding additional specialties or surgical suites and thus increasing the scope of this project is not necessary, as it is not reflective of the current needs of this market area. Creating a smaller scope project or removing a specialty would leave an unmet. Moreover, this project is designed to ideally utilize existing space, and has been designed to prioritize the balancing of expense with the ability to meet the needs of the existing patient population. Neither option and the rationales to pursue them appear to offer sufficient financial benefit or sufficiently address access to care issues to displace the project as designed and, for these reasons, this alternative was not selected.

Alternative #4: Utilizing Other Health Care Resources (Hospital Surgical Suite)

Utilizing a hospital for this market area, instead of allowing for the approval of this application to establish an ASTC, would increase access to care and cost for the payors and the patients. Hospital settings have proven to increase costs while procedures in an ASTC setting be performed at a lower cost and with the same results. For these reasons, this alternative was rejected.

Alternative #5: Project As Proposed

This project has been given significant thought. The design, the timing, the purpose, and the goal. This project will provide stability and increased access to care in a new, lower-cost, easier-to-access setting that meets the needs of existing AOSC patients. That is why this was the option selected.

**Attachment 14
Size of the Project**

The square footage identified in this application for the proposed projects, includes one operating room, recovery stations is necessary, not excessive, and consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110, as documented below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC 1 Operating Room	2,723 GSF	2,750 GSF	-27	YES

Attachment 15 Project Services Utilization

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish one operating room, making the objective for demonstrating utilization at least 1,500 hours. Based upon historical utilization and proposed patient volume, the facility should meet the state standard by its second year of operation.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	6,623	1,916	80%	YES
YEAR 2	ASTC	6,623	1,973	80%	YES

The number of 1,916 predicted referrals are derived from patients and procedures emanating directly from current patients of Advanced Orthopedic & Spine Care ("AOSC") in the last 12 months. Enclosed with this application is a referral letter from AOSC, signed by the practice leader, Dr. Daniel Troy and reflects the proposed referrals to this facility.

Below is a chart which outlines the facilities the referring physicians historically performed their procedures.

Physician Name	AOSC	Advocate Christ Hospital	Palos Community Hospital	Silver Cross	Advocate South Suburban Hospital	Advocate Masonic Hospital	CMIS	Total
Daniel Troy	3093	285	134	0	21	0	1079	4612
Khaled Almansoori	390	124	48	4	1	0	0	567
Dana Berns	422	76	0	2	1	4	0	505
Paul Danielsky	805	87	27	0	8	2	0	929
Donald Roland	3	0	0	0	0	0	7	10
Last 12 Months	4,713	572	209	6	31	6	1,086	6,623

Below is a chart which outlines the facilities where the referring physicians anticipate future patient may come from based on the historical volume performed at those facilities.

Physician Name	AOSC	Advocate Christ Hospital	Palos Community Hospital	Silver Cross	Advocate South Suburban Hospital	Advocate Masonic Hospital	CMIS	Total
Daniel Troy	800	150	80	0	5	0	100	1135
Khaled Almansoori	200	60	28	0	0	0	0	288
Dana Berns	200	36	0	0	0	0	0	236
Paul Danielsky	200	37	15	0	5	0	0	257
Year 1 Total	1,400	283	123	0	10	0	100	1,916

Utilizing the expected 1,916 patients that are proposed to be referred to the facility, it is expected that the facility will be at 85% utilization by the end of Year 1 and by the end of year 2 with a modest 3% increase in patient volume the facility will be operating at 88% utilization. The estimated utilization of the facility was determined by reviewing the most common procedures performed by the AOSC physicians. The chart below outlines the physician names, the average procedure time for the most common procedures and the number of procedures each referring physician could perform. The average procedure times are consistent with what the referring physicians have experienced in the normal course of their practice. Additionally, the average procedures time are consistent with procedure time at the Center for Minimally Invasive Surgery.⁴

Physician Name	Knee Arthroscopy	Total Knee Arthroplasty (Replacement)	Rotator Cuff Repair	Anterior Cervical Disectomy Fusion	Hip Arthroscopy	Pain Mangement	Total Procedures	Total Procedure Time in Minutes	Total in Hours	
Minutes Per Procedure (Including Prep, Procedure Time, Clean-Up)										
Daniel Troy	53	139	110	174	140	30	800	1135	58363	973
Khaled Almansoori	16	0	0	44	28	0	200	288	18424	307
Dana Berns	0	0	0	0	0	0	236	236	7080	118
Paul Danielsky	20	22	0	0	15	0	200	257	12218	204
Year 1 Total	182	57	160	94	97	1436	1916	96085	1601	

⁴ HFSRB 2020 ASTC Questionnaire- Pain Management average procedure time is .46 hours, Orthopedic Surgery average procedure time is 1.69 hours, and Podiatric average procedure time is 1.50 hours.

State Standard for One Operating Room	>1500
Proposed Facility Utilization in Minutes	96085
Proposed Facility Utilization in Hours	1601
Total Projected Refferals in Year 1	1916
Total Facility Project Use in Minutes	96085
Percentage of Utilization	85%
State Standard for One Operating Rooms	>1500
Proposed Facility Utilization in Minutes	98968
Proposed Facility Utilization in Hours	1649
Total Projected Refferals in Year 2	1973
Total Facility Project Use in Minutes	98968
Percentage of Utilization	88%
Utilization Calculation	
Operational Days	250
Average Hours of Operation	7.5
Procedures Hours Per Operating Room	1875
Number of Operating Rooms	1
First Year Proposed Procedures	1916
First Year Utilization	85%
Second Year Proposed Proceudres	1973
Second Year Utilization	88%

Attachment 16
Unfinished or Shell Space

NOT APPLICABLE- The proposed project does not include plans for shell space.

**Attachment 17
Assurances**

NOT APPLICABLE- The proposed project does not include plans for shell space.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

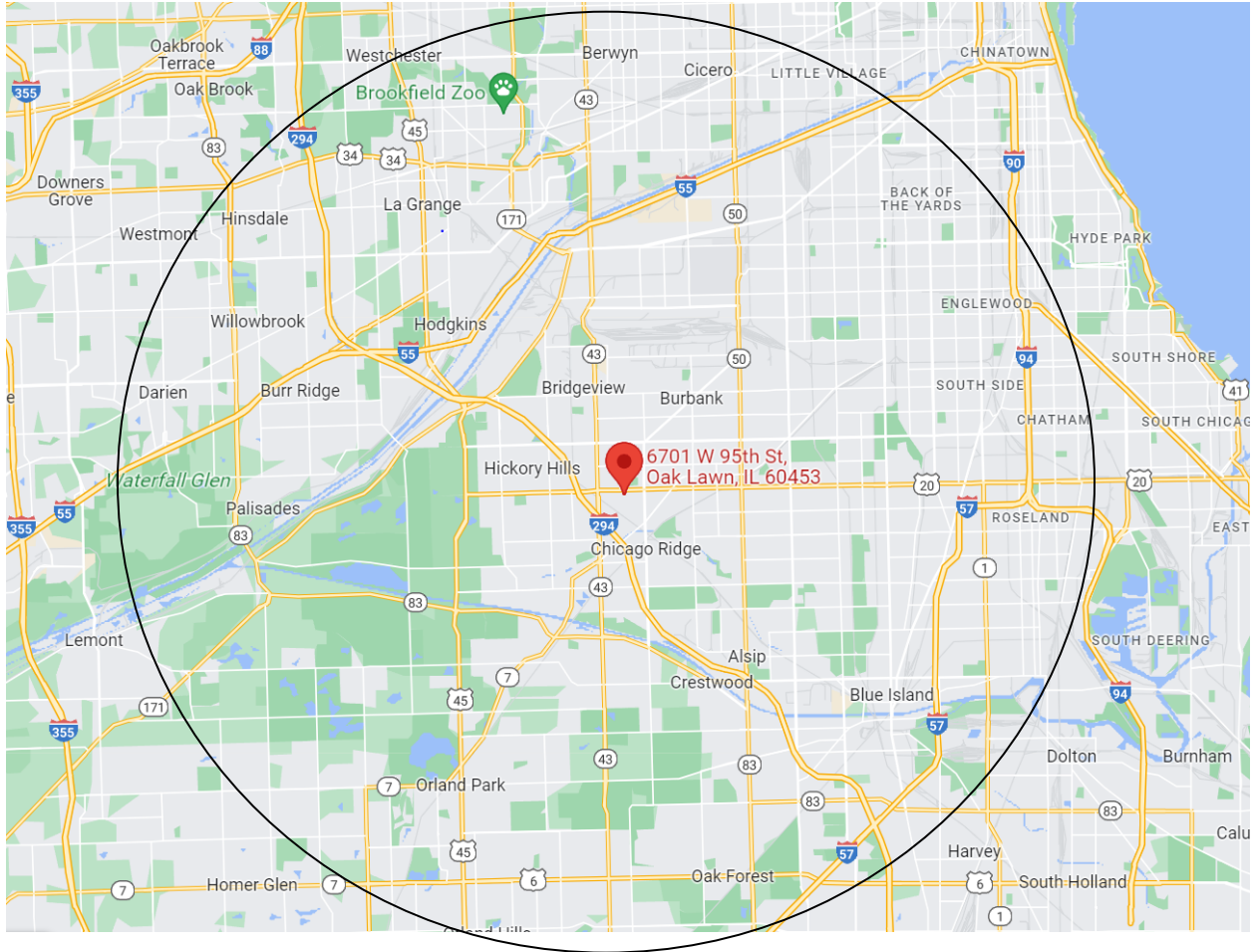
The proposed project is necessary to meet the needs of the residents of the planning area. The physicians from Advanced Orthopedic & Spine Care intend to continue referring patients to other area facilities, but ultimately patient choice will determine where procedures will take place.

With one operating room, the ASTC will be able to meet the needs of patients in the area and the demand of existing physician's patient base and practice. The facility will have an open staff policy and will offer surgical time in the operating room to area providers. AOSC physicians currently utilize Advocate Christ Hospital and Palos Community Hospital to perform procedures. Currently, Christ Hospital is operating at full utilization while Palo Community has some surgical capacity. However, there are substantial cost saving incentives for providers to utilize ASTCs, and there are also additional savings for patients while increasing access to care in an outpatient setting. The Centers of Medicare and Medicaid Services (CMS) continues to establish and strengthen policy that is driving outpatient procedures into an ASTC setting when medically appropriate.

The primary purpose of this project is to provide necessary health care to residents of the geographic service area ("GSA") in which the ASTC will be located. Listed on the following pages, in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes areas that are located within a 10 mile radius of the proposed site of the ASTC. The zip codes and area within a 10 mile radius of the proposed facility is listed below. We have included a map of the multi-directional travel radii's of the proposed ASTC site.

Attachment 25

10 Mile Radius from 6701 West 95th Street, Oak Lawn, Illinois



Attachment 25

ZIP CODE	CITY	POPULATION
60415	Chicago Ridge	13,945
60455	Bridgeview	15,998
60453	Oak Lawn	55,515
60459	Burbank	28,447
60457	Hickory Hills	13,831
60482	Worth	10,732
60465	Palos Hills	17,197
60456	Hometown	4,216
60458	Justice	15,318
60803	Alsip	22,447
60655	Chicago	27,771
60652	Chicago	42,296
60463	Palos Heights	14,556
60805	Evergreen Park	19,290
60501	Summit Argo	11,840
60638	Chicago	57,057
60480	Willow Springs	5,009
60464	Palos Park	9,625
60525	La Grange	30,274
60629	Chicago	107,930
60445	Midlothian	25,411
60534	Lyons	10,321
60472	Robbins	4,968
60643	Chicago	48,572
60620	Chicago	68,761
60406	Blue Island	25,849
60636	Chicago	30,039
60632	Chicago	86,715
60462	Orland Park	40,067
60402	Berwyn	62,729
60513	Brookfield	18,537
60452	Oak Forest	27,605
60469	Posen	5,482
60546	Riverside	15,208
60804	Cicero	81,505
60558	Western Springs	13,247
60621	Chicago	26,736
60526	La Grange Park	13,178
60521	Hinsdale	18,095
60628	Chicago	65,008

60609	Chicago	60,551
60827	Riverdale	28,327
60619	Chicago	61,372
60467	Orland Park	26,056
60623	Chicago	77,732
60141	Hines	324
60155	Broadview	7,677
60426	Harvey	27,863
60514	Clarendon Hills	9,970
60439	Lemont	24,697
60561	Darien	22,674
60130	Forest Park	13,808
60477	Tinley Park	36,843
Total		1609221

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

We are submitting a referral letter from the Dr. Daniel Troy on behalf of the physicians practicing at Advanced Orthopedic & Spine Center. The letter includes zip code specific patient origin analysis of the individual's historical caseload and the patient origin to be serviced at the proposed facility is identical to that identified in the letter.

Daniel Troy, M.D.
Paul Danielsky, M.D.
Dana Berns, D.P.M.
Khaled Almansoori, M.D.



6701 West 95th Street • Oak Lawn, IL 60453
16255 South Harlem Avenue • Tinley Park, IL 60477
Phone 708-599-5000 • Fax 708-599-0801
www.aospinicare.com

October 19, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Floor 2
Springfield, IL 62761

Re: Referral Letter- Surgery Center of Illinois

Dear Mr. Kniery,

My name is Daniel Troy, M.D. and I am an orthopedic surgeon and CEO of Advanced Orthopedic & Spine Care, a full-service orthopedic practice. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12-month period prior to submission of this letter, Advanced Orthopedic & Spine Care through its physicians, Daniel Troy, Khaled Almansoori, Dana Berns, and Paul Danielsky have referred a total of 6,620 cases to the following healthcare facilities: Advocate Christ Hospital, Palos Community Hospital, Silver Cross Hospital, Advocate South Suburban Hospital, Advocate Masonic Hospital, CMIS, and Advanced Orthopedic & Spine Care.

Historical Caseload by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Surgery Center of Illinois
Advocate Christ Hospital	572	283
Palos Community Hospital	209	123
Advanced Orthopedic & Spine Care (Office Based Procedures)	3093	1400
Silver Cross Hospital	6	0
CMIS	1079	100
Advocate South Suburban Hospital	35	10
Advocate Masonic Hospital	6	0
Total	6,620	1,916

Based on my historical referrals, I anticipate Advanced Orthopedic & Spine Care referring 1,916 surgical cases to Surgery Center of Illinois in its first year of operation. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients I propose to refer reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Thank you,

Daniel Troy, M.D.

[Handwritten Signature]
Physician's Signature
Daniel A. Troy

10/19/22

Date

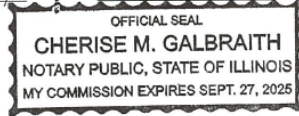
(Please Print/Type Name)

Signature of Notary:

[Handwritten Signature]

Subscribed and sworn to before me

this *19th* day of *October* 2022



Seal

Advocate Christ Hospital

ZIP CODE	# of Patients
60415	20
60455	14
60453	67
60459	30
60457	17
60482	2
60465	16
60456	4
60458	4
60803	14
60655	22
60652	14
60463	10
60805	11
60501	1
60638	18
60480	2
60464	7
60525	1
60629	29
60445	21
60472	1
60643	26
60620	11
60406	4
60636	3
60632	12
60462	27
60402	28

60452	17
60469	4
60804	1
60621	7
60628	11
60609	2
60827	4
60619	4
60467	21
60426	4
60439	6
60477	55
Total	572

Advocate South Suburban Hospital

ZIP CODE	POPULATION
60015	1
60448	1
60452	2
60453	6
60457	1
60459	2
60462	1
60463	1
60465	1
60467	1
60477	2
60482	1
60487	2
60616	1
60637	2

60643	1
60655	2
60803	1
60805	2
Total	31

Advocate Masonic Hospital

ZIP CODE	# of Patients
60626	1
60638	1
60652	1
60643	1
60610	2
Total	6

Northwestern Palos Hospital

ZIP CODE	# of Patients
60415	7
60423	13
60445	1
60453	5
60457	1
60459	13
60462	6
60463	2
60464	1
60465	13
60467	4
60477	21
60482	1

60487	2
60517	1
60620	2
60629	1
60632	1
60651	2
60652	1
60653	1
60417	7
60423	4
60443	5
60452	17
60453	5
60455	3
60458	5
60462	12
60463	17
60478	5
60487	16
60638	9
60655	4
60803	1
Total	209

CMIS

ZIP CODE	POPULATION
60130	5
60402	3
60406	4
60415	20
60423	41

60426	4
60439	38
60445	21
60451	36
60452	53
60453	107
60455	17
60456	16
60457	17
60458	4
60459	30
60462	41
60463	31
60464	7
60465	16
60467	29
60469	1
60472	1
60477	93
60480	4
60482	9
60487	68
60491	23
60501	1
60514	3
60561	1
60586	15
60609	2
60615	4
60617	12
60619	13
60620	11

60621	7
60628	27
60629	29
60632	9
60636	5
60637	4
60638	18
60643	32
60647	3
60652	23
60655	67
60803	29
60804	1
60805	23
60827	8
Total	1,086

Silver Cross Hospital

ZIP CODE	# of Patients
60472	1
60803	1
60482	1
60463	1
60477	2
Total	6

Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Assessment- 1110.235(c)(4)

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish one operating room, making the objective for demonstrating utilization at least 1,500 hours. Based upon historical utilization and proposed patient volume, the facility should meet the state standard by its second year of operation.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	6,623	1,916	80%	YES
YEAR 2	ASTC	6,623	1,973	80%	YES

The number of 1,916 predicted referrals are derived from patients and procedures emanating directly from current patients of Advanced Orthopedic & Spine Care ("AOSC") in the last 12 months. Enclosed with this application is a referral letter from AOSC, signed by the practice leader, Dr. Daniel Troy and reflects the proposed referrals to this facility.

Below is a chart which outlines the facilities the referring physicians historically performed their procedures.

Physician Name	AOSC	Advocate Christ Hospital	Palos Community Hospital	Silver Cross	Advocate South Suburban Hospital	Advocate Masonic Hospital	CMIS	Total
Daniel Troy	3093	285	134	0	21	0	1079	4612
Khaled Almansoori	390	124	48	4	1	0	0	567
Dana Berns	422	76	0	2	1	4	0	505
Paul Danielsky	805	87	27	0	8	2	0	929
Donald Roland	3	0	0	0	0	0	7	10
Last 12 Months	4,713	572	209	6	31	6	1,086	6,623

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Assessment- 1110.235(c)(4)**

Below is a chart which outlines the facilities where the referring physicians anticipate future patient may come from based on the historical volume performed at those facilities.

Physician Name	AOSC	Advocate Christ Hospital	Palos Community Hospital	Silver Cross	Advocate South Suburban Hospital	Advocate Masonic Hospital	CMIS	Total
Daniel Troy	800	150	80	0	5	0	100	1135
Khaled Almansoori	200	60	28	0	0	0	0	288
Dana Berns	200	36	0	0	0	0	0	236
Paul Danielsky	200	37	15	0	5	0	0	257
Year 1 Total	1,400	283	123	0	10	0	100	1,916

Utilizing the expected 1,916 patients that are proposed to be referred to the facility, it is expected that the facility will be at 85% utilization by the end of Year 1 and by the end of year 2 with a modest 3% increase in patient volume the facility will be operating at 88% utilization. The estimated utilization of the facility was determined by reviewing the most common procedures performed by the AOSC physicians. The chart below outlines the physician names, the average procedure time for the most common procedures and the number of procedures each referring physician could perform. The average procedure times are consistent with what the referring physicians have experienced in the normal course of their practice. Additionally, the average procedures time are consistent with procedure time at the Center for Minimally Invasive Surgery.⁵

Physician Name	Knee Arthroscopy	Total Knee Arthroplasty (Replacement)	Rotator Cuff Repair	Anterior Cervical Disectomy Fusion	Hip Arthroscopy	Pain Mangement	Total Procedures	Total Procedure Time in Minutes	Total in Hours	
Minutes Per Procedure (Including Prep, Procedure Time, Clean-Up)										
Daniel Troy		53	139	110	174	140	30	1135	58363	973
Khaled Almansoori		16	0	0	44	28	200	288	18424	307
Dana Berns		0	0	0	0	0	236	236	7080	118
Paul Danielsky		20	22	0	0	15	200	257	12218	204
Year 1 Total		182	57	160	94	97	1436	1916	96085	1601

⁵ HFSRB 2020 ASTC Questionnaire- Pain Management average procedure time is .46 hours, Orthopedic Surgery average procedure time is 1.69 hours, and Podiatric average procedure time is 1.50 hours.

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Assessment- 1110.235(c)(4)**

State Standard for One Operating Room	>1500
Proposed Facility Utilization in Minutes	96085
Proposed Facility Utilization in Hours	1601
Total Projected Refferals in Year 1	1916
Total Facility Project Use in Minutes	96085
Percentage of Utilization	85%
State Standard for One Operating Rooms	>1500
Proposed Facility Utilization in Minutes	98968
Proposed Facility Utilization in Hours	1649
Total Projected Refferals in Year 2	1973
Total Facility Project Use in Minutes	98968
Percentage of Utilization	88%
Utilization Calculation	
Operational Days	250
Average Hours of Operation	7.5
Procedures Hours Per Operating Room	1875
Number of Operating Rooms	1
First Year Proposed Procedures	1916
First Year Utilization	85%
Second Year Proposed Proceudres	1973
Second Year Utilization	88%

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service Accessibility- 1110.235(c)(6)

Facility Name	City	# of Operating/Procedure Rooms	Distance from Proposed Facility (in Miles)
Center for Reconstructive Surgery	Oak Lawn	4	<3
Palos Hill Surgery Center	Palos Hills	4	<3
Magna Surgical Center	Bedford Park	3	6
Palos Surgicenter, LLC	Palos Heights	5	3.2
Forest Med-Surg Center	Wheaton	4	3.8
Ingalls Same Day Surgery Center	Elmhurst	4	8.6
Preferred Surgicenter, LLC	Hinsdale	5	7.4
Hinsdale Surgical Center	Elmhurst	6	9.8
Advocate Christ Medical Center	Oak Lawn	40	<3
Palos Community Hospital	Palos Heights	14	3.7
Little Company of Mary	Evergreen Park	10	4.5
Holy Cross Hospital	Chicago	2	6.2
Adventist LaGrange	Bolingbrook	6	7.4
MacNeal Hospital	Berwyn	12	7.8
Roseland Hospital	Chicago	7	8.5
St. Bernard Hospital	Chicago	8	8.9

The Center for Reconstructive Surgery is a single specialty ASTC focused on ophthalmology procedures and would not be affected by the proposed facility. Palos Hill Surgery Center is a facility that offers similar surgical procedures; however, the owner and operator of the facility is a former partner of Dr. Troy and he and his staff have not been able to obtain privileges on the staff of the facility. Furthermore, according to the 2020 annual survey the facility has provided no charitable care, and Illinois Medicaid patients only make up .004% of the total patients treated at the facility. The facility would be a good option to support the patient population that Dr. Troy serves. The Magna Surgical Center's primary focus is on ophthalmology procedures and the facility is not approved to perform orthopedic procedures which make up the majority of the procedures that are performed by Dr. Troy and his practice. This facility is not a viable option for Dr. Troy and his practice.

Palos Surgicenter is an ASTC that is affiliated with Northwestern Medicine. The facility serves as an outlet for Northwestern Medicine Palos Hospital patients. The facility is approved for 8 different categories of service, the larger Ingalls Same Day Surgery Center a multi-specialty ASTC that is approved for 12 different categories of service. The majority of the procedures performed at the facility are pain injections.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Unnecessary Duplication/Maldistribution, Impact on Area Providers-
1110.235(c)(7)(a)-(c)

This project is designed to treat an existing patient base of Dr. Troy and his practice group. Patients of Advanced Orthopedic & Spine Care ("AOSC") that would prefer outpatient care an option are forced to either wait until there is available time available in an area hospital or they travel far south to the one ASTCs that has approved AOSC physicians for surgical privileges. We believe that to meaningfully assess the benefits that this facility would offer to the existing community requires going beyond the number to determine whether or not these services are truly needed within the community and whether those needs can practically and principally be met by existing facilities.

Some of licensed ASTCs in the geographic service area are either operating at or near target utilization, some do not offer the same services that are proposed by this project, others are affiliated with hospital institutions and serve patients from those facilities. Other facilities offer minimal or no services to Medicaid patients currently, or are multi-specialty ASTCs offering procedures in many different categories of service.

This makes the likelihood of maldistribution minimal. Because none of these facilities are currently a destination for AOSC patients it should not lower the utilization of other area providers below the established standard. As a result, the impact on other ASTCs should be minimal.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Staffing- 1110.235(c)(8)

The facility will appoint, Dr. Daniel Troy, M.D. who is a Surgeon as Medical Director for the facility. The applicant has not traditionally had any difficulties in staffing their existing offices nor do they anticipate difficult in staffing the proposed ASTC. As needed additional staff will be identified and employed utilizing existing job search sites and professional placement services.

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

Daniel Troy, M.D.
Khaled Almansoori, M.D.
Paul Danielsky, M.D.
Dana Berns, D.P.M



September 12, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Surgery Center of Illinois -Charge Commitment

Dear Mr. Kniery,

As a representative of Surgery Center of Illinois, I, Daniel Troy, M.D., hereby attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

Furthermore, I hereby attest that in order to meet the objectives of the Illinois Health Facilities Planning Act, which are to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services that we have enclosed a list of CPT codes and a proposed fee schedule. We hereby commit that the charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code. 1130.310(a).

Sincerely,

A handwritten signature in black ink that reads 'Daniel Troy'.

Daniel Troy, M.D.
Chief Executive Officer
Surgery Center of Illinois

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

A list of the relevant CPT codes, procedures and charge for the proposed ASTC is outlined below. In submitting this information, the applicant verifies that it will not increase these charges for a minimum of 24 months.

Name	Quick code	CPT [®] Code	Proposed Fee
Robotic surgical system	S2900	S2900	\$ 9,984.00
Injection, meloxicam, 1mg	J1738	J1738	\$ 13.50
Arthro, loose body + chondro	G0289	G0289	\$ 9,621.00
Inj for sacroiliac jt anesth	G0260	G0260	\$ 1,615.50
Inj, bupivacaine liposome	C9290	C9290	\$ 6.00
Open bone Tunneling ACL	27599TU	27599TU	\$ 17,856.00
Injection, Subchondral Bone	0707T	0707T	\$ 9,552.00
NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	0232T	0232T	\$ 9,103.50
CPTR-ASST MUSCSKEL NAVIGJ ORTHO FLUOR IMAGES	0054T	0054T	\$ 750.00
HRT FAILURE ASSESSED	0001F	0001F	\$ 5,845.50
UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	99199	99199	\$ 1,048.50
ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	93005	93005	\$ 171.00
ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	93000	93000	\$ 171.00
UNLISTED TRANSFUSION MEDICINE PROCEDURE	86999	86999	\$ 775.50
PROTHROMBIN TIME	85610	85610	\$ 45.00
BLOOD COUNT HEMOGLOBIN	85018	85018	\$ 64.50
GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	82962	82962	\$ 61.50
GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	82947	82947	\$ 45.00
URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	81025	81025	\$ 45.00
URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	81002	81002	\$ 33.00
MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	77071	77071	\$ 1,527.00
FLURO NEEDLE/CATH SPINE/PARASPINAL DX/THER	77003	77003	\$ 1,099.50
FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT	77002	77002	\$ 1,099.50
FLUOROSCOPY SPX >1 HOUR PHYS/QHP TIME	76001	76001	\$ 940.50
FLUOROSCOPY SPX UP TO 1 HOUR PHYS/QHP TIME	76000	76000	\$ 229.50
DISKOGRAFY LUMBAR RS&I	72295	72295	\$ 1,527.00
		72291	\$ 2,567.94
EPIDUROGRAFY RS&I	72275	72275	\$ 552.00
MICROSURG TQS REQ USE OPERATING MICROSCOPE	69990	69990	\$ 1,465.50
PEDICLE SCREW INJECTION	64999PS	64999	\$ 2,134.50
UNLISTED PROCEDURE NERVOUS SYSTEM	64999	64999	\$ 883.50
NEURORRHAPHY WITH NERVE GRAFT, FIRST STRAND	64912	64912	\$ 20,472.00
NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	64911	64911	\$ 20,049.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

NERVE REPAIR W/CONDUIT EACH NERVE	64910	64910	\$	19,813.50
NERVE GRAFT EACH NERVE 1 STRAND	64901	64901	\$	4,527.00
NERVE GRAFT 1 STRAND ARM/LEG <4 CM	64892	64892	\$	18,981.00
NRV GRF 1 STRAND HAND/FOOT >4 CM	64891	64891	\$	16,221.00
NERVE GRAFT 1 STRAND HAND/FOOT </4 CM	64890	64890	\$	15,873.00
SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	64857	64857	\$	20,674.50
SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	64856	64856	\$	12,948.00
SUTURE 1 NERVE MEDIAN MOTOR THENAR	64835	64835	\$	12,948.00
SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	64834	64834	\$	12,948.00
SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	64832	64832	\$	3,511.50
SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	64831	64831	\$	12,948.00
BIOPSY NERVE	64795	64795	\$	6,972.00
EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	64790	64790	\$	13,443.00
IMPLANTATION NERVE END BONE/MUSCLE	64787	64787	\$	3,178.50
EXCISION NEUROMA SCIATIC NERVE	64786	64786	\$	12,948.00
EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	64784	64784	\$	6,972.00
EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	64782	64782	\$	6,972.00
EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	64778	64778	\$	3,178.50
EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	64776	64776	\$	6,972.00
EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	64774	64774	\$	6,972.00
TRANSECTION/AVULSION OTH SPINAL NRV XDRL	64772	64772	\$	6,972.00
INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	64727	64727	\$	3,960.00
DECOMPRESSION PLANTAR DIGITAL NERVE	64726	64726	\$	6,972.00
DECOMPRESSION UNSPECIFIED NERVE	64722	64722	\$	6,972.00
CARPAL TUNNEL RELEASE	64721	64721	\$	6,972.00
CUBITAL TUNNEL RELEASE AT WRIST	64719	64719	\$	6,972.00
CUBITAL TUNNEL RELEASE AT ELBOW	64718	64718	\$	6,972.00
NEUROPLASTY &/TRANSPPOSITION CRANIAL NERVE	64716	64716	\$	6,972.00
NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	64713	64713	\$	6,972.00
NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	64712	64712	\$	6,972.00
NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	64708	64708	\$	6,972.00
NEUROPLASTY NERVE HAND/FOOT	64704	64704	\$	6,972.00
NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	64702	64702	\$	6,972.00
DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	64680	64680	\$	2,484.00
DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	64640	64640	\$	2,236.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	64530	64530	\$	2,484.00
INJECTION ANES LMBR/THRC PARAVERTBR L SYMPATHETIC	64520	64520	\$	2,484.00
INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	64517	64517	\$	2,175.00
NJX ANES STELLATE GANGLION CRV SYMPATHETIC	64510	64510	\$	2,484.00
INJECTION ANESTHETIC AGENT CAROTID SINUS SPX	64508	64508	\$	883.50
INJECTION ANES AGENT SPHENOPALATINE GANGLION	64505	64505	\$	883.50
INJ FACET JOINT/NERVE LUMBAR/SACRAL 3+ LEVEL	64495	64495	\$	1,758.00
INJ FACET JOINT/NERVE LUMBAR/SACRAL 2ND LEVEL	64494	64494	\$	1,758.00
INJ FACET JOINT/NERVE LUMBAR/SACRAL	64493	64493	\$	2,175.00
NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	64492	64492	\$	1,758.00
NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	64491	64491	\$	1,758.00
NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	64490	64490	\$	2,175.00
NJX ANES&/STRD W/IMG TFRML EDRL LM BR/SAC EA LV	64484	64484	\$	1,758.00
NJX ANES&/STRD W/IMG TFRML EDRL LM BR/SAC 1 LVL	64483	64483	\$	2,134.50
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	64480	64480	\$	1,758.00
NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	64479	64479	\$	2,134.50
NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	64455	64455	\$	117.00
INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	64450	64450	\$	759.00
INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	64449	64449	\$	2,175.00
INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	64448	64448	\$	2,830.50
INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	64447	64447	\$	883.50
INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	64446	64446	\$	2,236.50
INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	64445	64445	\$	883.50
INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	64435	64435	\$	883.50
INJECTION ANESTHETIC AGENT PUDENDAL NERVE	64430	64430	\$	2,175.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	64425	64425	\$	883.50
MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	64421	64421	\$	2,236.50
INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	64420	64420	\$	1,615.50
INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	64418	64418	\$	759.00
INJECTION ANESTHETIC AGENT AXILLARY NERVE	64417	64417	\$	2,175.00
INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	64416	64416	\$	4,611.00
SINGLE NERVE BLOCK INJECTION ARM NERVE	64415	64415	\$	2,175.00
INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	64413	64413	\$	759.00
INJECTION ANESTHETIC AGENT PHRENIC NERVE	64410	64410	\$	2,035.50
INJECTION ANESTHETIC AGENT VAGUS NERVE	64408	64408	\$	759.00
INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	64405	64405	\$	759.00
INJECTION ANESTHETIC AGENT FACIAL NERVE	64402	64402	\$	1,756.50
NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	64400	64400	\$	759.00
REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	63688	63688	\$	13,222.50
INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	63685	63685	\$	130,842.00
REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	63664	63664	\$	54,474.00
REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	63663	63663	\$	27,046.50
RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	63662	63662	\$	11,055.00
RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	63661	63661	\$	4,839.00
LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	63655	63655	\$	85,627.50
PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	63650	63650	\$	25,881.00
LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL LUMBAR	63267	63267	\$	22,122.00
TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	63056	63056	\$	15,618.00
LAM FACETEC/FORAMOT DRG ARTHRD LMBR EA ADDL SGM	63053	63053	\$	750.00
LAM FACETEC/FORAMOT DRG ARTHRD LUMBAR 1 VRT SGM	63052	63052	\$	750.00
LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	63048	63048	\$	22,122.00
LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	63047	63047	\$	26,158.50
LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	63044	63044	\$	2,857.50
LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	63042	63042	\$	15,618.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	63035	63035	\$	22,122.00
LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	63030	63030	\$	15,618.00
LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERV	63020	63020	\$	15,618.00
LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	63012	63012	\$	14,812.50
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	62370	62370	\$	544.50
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	62369	62369	\$	555.00
ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	62368	62368	\$	972.00
ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	62367	62367	\$	972.00
IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	62360	62360	\$	71,226.00
RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	62355	62355	\$	4,650.00
IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	62350	62350	\$	18,445.50
IJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	62323	62323	\$	2,134.50
NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	62322	62322	\$	2,035.50
NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL INJECTION PX DISCOGRPHY EA LVL	62294	62294	\$	2,175.00
CERVICAL/THORACIC1	62292	62292	\$	4,650.00
INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	62291	62291	\$	2,353.50
INJECTION PX DISCOGRPHY EACH LEVEL LUMBAR	62290	62290	\$	2,353.50
DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	62287	62287	\$	11,124.00
INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	62282	62282	\$	2,134.50
INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	62281	62281	\$	2,134.50
INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	62280	62280	\$	2,134.50
INJECTION EPIDURAL BLOOD/CLOT PATCH	62273	62273	\$	1,921.50
SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	62272	62272	\$	1,615.50
SPINAL PUNCTURE LUMBAR DIAGNOSTIC	62270	62270	\$	1,615.50
BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	62269	62269	\$	3,073.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	62268	62268	\$	2,175.00
PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	62267	62267	\$	1,717.50
PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	62264	62264	\$	4,084.50
PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	62263	62263	\$	4,084.50
REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	62252	62252	\$	972.00
BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	38232	38232	\$	13,753.50
BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	38230	38230	\$	6,831.00
MARROW ASPIRATION ONLY	38220	38220	\$	807.00
		36870	\$	11,677.44
REPAIR BLOOD VESSEL DIRECT HAND FINGER	35207	35207	\$	14,739.00
ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method	30802	30802	\$	2,818.50
		30118	\$	8,264.88
Superior Glenohumeral Joint Capsule Reconstruction - Compare to 29806 and 29827	29999SG	29999	\$	37,140.00
Arthro Glenoid Reconstruction	29999GR	29999	\$	25,371.00
psoas tendon release	29999PT	29999	\$	20,740.50
Rotator Cuff Tendon Grafting	29999CG	29999	\$	19,471.50
ARTHROS GLENOID FX TREATMENT	29999FG	29999	\$	19,197.00
Osteochondritis dissecans drilling, tunnelling, and bone grafting; Arthro Glenoid	29999ODC	29999	\$	19,060.50
ARTHRO TIBIA BONE ALLOGRAFT	29999GF	29999	\$	17,995.50
Arthroscopic reduction and internal fixation of the proximal humeral greater tuberosity	29999HF	29999	\$	17,856.00
Arthro Capsular Plication/Thermal Hip or Shoulder	29999P	29999	\$	17,856.00
Arthro Subscapularis Repair	29999SR	29999	\$	17,856.00
Arthroscopy debridement and subchondral drilling medial femoral condyle	29999DS	29999	\$	17,436.00
Right Glenoid Fracture Repair with Screws Inferior Arthroscopic	29999RG	29999	\$	17,436.00
Medial Capsular Plication	29999MC	29999	\$	17,356.50
Arthroscopic assisted AC joint reconstruction with graft	29999AA	29999	\$	17,250.00
Arthscopic Graft from Femoral Allograft	29999FA	29999	\$	17,188.50
arthroscopic superior capsular reconstruction	29999CA	29999	\$	16,978.50
arthroscopic capsular closure hip	29999CC	29999	\$	16,978.50
Arthroscopic AC Joint Reduction and Coracoclavicular Ligament Reconstruction	29999AC	29999	\$	16,596.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

Glennoid Fracture Repair w/ Suture Anchors; Anterior	29999GFX	29999	\$	16,596.00
ARTHROSCOPIC CAPSULAR RECONSTRUCTION	29999CR	29999	\$	16,047.00
Arthro OS Acromiale Excision	29999OS	29999	\$	16,047.00
Arthroscopic Acromioclavicular Joint Reduction/Coracoclavicular Recon.	29999AJ	29999	\$	15,856.50
Arthroscopic ITB release	29999IT	29999	\$	15,745.50
ARTHROSCOPIC iliopsoas lengthing	29999I	29999	\$	15,618.00
ARTHROS INFRASPINATUS ROTR CUFF REPR, COMPARE 23420	29999IS	29999	\$	15,618.00
arthroscopic labral reconstruction	29999R	29999	\$	15,618.00
Arthroscopic acetabulum subchondroplasty	29999SA	29999	\$	15,618.00
Percutaneous fixation of proximal tibia fracture	29999PF	29999	\$	14,785.50
Arthros Coracoplasty	29999CP	29999	\$	13,786.50
ARTHROSCOPIC REMPLISSAGE REPAIR-SHOULDER	29999RP	29999	\$	12,934.50
OCD Drilling and Repair Humeral Head	29999OC	29999	\$	12,822.00
Elbow Microfracture	29999EM	29999	\$	12,091.50
arthroscopic micro fracture	29999MF	29999	\$	12,091.50
Reconstruction Physeal Sparking	29999SP	29999	\$	11,625.00
Arthroscopic Bicep Tendon Grafting	29999TG	29999	\$	11,449.50
ARTHROSCOPIC SCAPULECTOMY	29999SC	29999	\$	11,110.50
Right Auxillary Nerve Release	29999AN	29999	\$	10,969.50
Radiofrequency ablation for shrinkage	29999RA	29999	\$	10,969.50
OCD debridement and abrasionoplasty, MTP knee	29999PQ	29999	\$	10,681.50
Arthro Femoral Bone Grafting, Hardware Removal	29999FB	29999	\$	10,615.50
arthroscopic bone graft reconstruction greater tuberosity	29999BG	29999	\$	9,630.00
Arthro Abrasion Shoulder, Glenoid-Humeral head	29999AS	29999	\$	9,621.00
Arthro Biceps Tenotomy	29999BT	29999	\$	9,621.00
Arthro Debridment Calcific Tendon Shld	29999CT	29999	\$	9,621.00
Arthroscopic retrodrill bonegrft	29999dg	29999	\$	9,621.00
arthroscopic cyst excision femur	29999EF	29999	\$	9,621.00
Arthro Capsular Release,	29999ER	29999	\$	9,621.00
Arthro Wist Ganglion Ten	29999GT	29999	\$	9,621.00
Arthro ganglion wrist	29999GW	29999	\$	9,621.00
Arthro ACL debridement, includes any soft tissue, i.e. Notchplasty, Fat Pad	29999KD	29999	\$	9,621.00
Arthro Trephination Meniscus Repair	29999MT	29999	\$	9,621.00
Arthroscopic hip notchplasty	29999NP	29999	\$	9,621.00
Arthro Excision Humeral HEAD Osteophyte	29999OH	29999	\$	9,621.00
Arthro Osteophyte excision	29999OP	29999	\$	9,621.00
Arthro Excision RDL HEAD	29999RE	29999	\$	9,621.00
Arthro SubCoracoid Decompression	29999SD	29999	\$	9,621.00
Arthro Microfac Shoulder	29999SM	29999	\$	9,621.00
ARTHROSCOPIC TROCHANTERIC MICROPUNCTURE	29999TM	29999	\$	9,621.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

ARTHROS GLUTEUS MEDIUS REPAIR	29999G	29999	\$	9,619.50
Arthroscopic Bone Graft Reconstruct Greater Tuberosity Bone Defect	29999AB	29999	\$	9,604.50
ARTHROS CAPSULAR RELEASE, HIP	29999C	29999	\$	9,604.50
Arthros Excision Ganglion Knee	29999GK	29999	\$	9,604.50
ARTHROSCOPY HAMSTRING REPAIR	29999HR	29999	\$	9,604.50
ARTHROS NEUROPLASTY AXIL NERVE; SUPRASCAP NOTCHPLASTY	29999NAN	29999	\$	9,604.50
ARTHROS SUPRASCAPULAR NERVE RELEASE	29999NR	29999	\$	9,604.50
Arthroscopic Assisted Bone Grafting to the Femoral Tunnel	29999FT	29999	\$	9,423.00
Arthroscopic assisted Latissimus dorsi muscle	29999AL	29999	\$	9,376.50
UNLISTED PROCEDURE ARTHROSCOPY	29999EH	29999	\$	9,228.00
Arthroscopic gluteus medius tendon repair	29999AG	29999	\$	7,998.00
Arthroscopic cyst decompression	29999AC	29999	\$	7,998.00
Arthros Trochanteric Bursectomy	29999B	29999	\$	7,185.00
Artho debridemt Iliopsoas bursa	29999IB	29999	\$	7,185.00
suprascapular nerve release	29999SN	29999	\$	6,660.00
Arthro Hardware Removal	29999HW	29999	\$	6,360.00
Promixal Hamstring Repair compare to 27385	29999PH	29999	\$	5,913.00
ARTHROS TUBEROPLASTY HUMERUS	29999HT	29999	\$	5,662.50
arthoscopic supine decompression	29999SU	29999	\$	5,662.50
ARTHROSCOPIC CYST EVACUATION-SHOULDER	29999CES	29999	\$	5,259.00
Thermal Scapholunate Ablation	29999TS	29999	\$	5,020.50
Arthr Retrodrill Bonegraft	29999RB	29999	\$	3,861.00
Arthroscopic Removal of Glenoid Arthroplasty - Compare to 23334	29999AR	29999	\$	3,582.00
ARTHROSCOPY HIP W/LABRAL REPAIR	29916	29916	\$	24,804.00
ARTHROSCOPY HIP W/ACETABULOPLASTY	29915	29915	\$	24,804.00
ARTHROSCOPY HIP W/FEMOROPLASTY	29914	29914	\$	24,804.00
ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	29907	29907	\$	39,969.00
ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	29906	29906	\$	7,185.00
ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	29905	29905	\$	20,197.50
ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	29904	29904	\$	7,185.00
ARTHRS MTCARPHLNGLT JT W/RDCTJ UR COLTRL LIGM	29902	29902	\$	5,421.00
ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	29901	29901	\$	7,185.00
ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	29900	29900	\$	7,185.00
ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	29899	29899	\$	20,449.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	29898	29898	\$	9,604.50
ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	29897	29897	\$	9,604.50
ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	29895	29895	\$	9,604.50
ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	29894	29894	\$	9,604.50
ENDOSCOPIC PLANTAR FASCIOTOMY	29893	29893	\$	7,185.00
ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	29892	29892	\$	15,618.00
ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	29891	29891	\$	9,604.50
ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	29889	29889	\$	42,130.50
ARTHROSCOPY W/ANTERIOR CRUCIATE LIGAMENT REPAIR/RECONSTRUCTION	29888	29888	\$	21,058.50
ARTHROSCOPY KNEE W/DEBRIDEMENT AND MENISCECTOMY	29887	29887	\$	15,618.00
ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	29886	29886	\$	9,604.50
ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	29885	29885	\$	19,807.50
ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANU SPX	29884	29884	\$	9,604.50
ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	29883	29883	\$	9,604.50
ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	29882	29882	\$	9,604.50
ARTHRS KNEE MENISCECTOMY MED OR LAT	29881	29881	\$	9,604.50
ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	29880	29880	\$	9,604.50
ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	29879	29879	\$	9,604.50
arthroscopy abrasionplasty talus ankle	29999AT	29879	\$	9,604.50
ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	29877	29877	\$	9,604.50
ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	29876	29876	\$	9,604.50
ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	29875	29875	\$	9,604.50
ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	29874	29874	\$	9,604.50
ARTHROSCOPY KNEE LATERAL RELEASE	29873	29873	\$	9,604.50
ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	29871	29871	\$	9,604.50
ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	29870	29870	\$	9,604.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

ARTHROSCOPY KNEE MENISCAL TRNSPLI MED/LAT	29868	29868	\$	24,888.00
ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	29867	29867	\$	49,861.50
ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	29866	29866	\$	15,618.00
ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	29863	29863	\$	15,267.00
ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	29862	29862	\$	15,618.00
ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	29861	29861	\$	15,306.00
ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	29860	29860	\$	15,618.00
ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	29856	29856	\$	41,476.50
ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	29855	29855	\$	23,175.00
ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	29851	29851	\$	15,267.00
ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	29850	29850	\$	9,604.50
NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	29848	29848	\$	9,604.50
ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	29847	29847	\$	15,618.00
ARTHROSCOPY OF WRIST (TFCC)	29846	29846	\$	9,604.50
ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	29845	29845	\$	9,604.50
ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	29844	29844	\$	9,604.50
ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	29843	29843	\$	9,604.50
WRIST ARTHROSCOPY DIAGNOSTIC, POSSIBLE SURGICAL	29840	29840	\$	9,604.50
ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	29838	29838	\$	9,604.50
ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	29837	29837	\$	9,604.50
ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	29836	29836	\$	15,618.00
ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	29835	29835	\$	9,604.50
ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	29834	29834	\$	9,604.50
ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	29830	29830	\$	9,604.50
ARTHROSCOPY SHOULDER BICEPS TENODESIS	29828	29828	\$	18,601.50
ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	29827	29827	\$	15,174.62
ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	29826	29826	\$	732.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	29825	29825	\$	9,604.50
ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	29824	29824	\$	9,604.50
ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	29823	29823	\$	9,604.50
ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	29822	29822	\$	9,604.50
ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	29821	29821	\$	9,604.50
ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	29820	29820	\$	15,618.00
ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	29819	29819	\$	9,604.50
ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	29807	29807	\$	15,618.00
ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	29806	29806	\$	15,174.62
ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	29805	29805	\$	9,604.50
ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	29804	29804	\$	9,604.50
ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	29800	29800	\$	9,604.50
APPLICATION SHORT LEG SPLINT CALF FOOT	29515	29515	\$	357.00
APPLICATION CAST SHOULDER HAND LONG ARM	29065	29065	\$	765.00
Open OC Repair Talus Allo compare to 29892	28899OC	28899	\$	12,822.00
Planter Plate Repair - Compare to 26548	28899PP	28899	\$	11,440.50
Topaz Plantar Fasciotomy	28899TF	28899	\$	6,294.00
Planter Plate Repair Compare to 28313	28899PR	28899	\$	1,912.50
AMPUTATION TOE INTERPHALANGEAL JOINT	28825	28825	\$	7,185.00
AMPUTATION TOE METATARSOPHALANGEAL JOINT	28820	28820	\$	7,185.00
AMPUTATION METATARSAL W/TOE SINGLE	28810	28810	\$	7,185.00
AMPUTATION FOOT TRANSMETARSAL	28805	28805	\$	4,899.00
AMPUTATION FOOT MIDTARSAL	28800	28800	\$	4,899.00
ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	28760	28760	\$	19,926.00
ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	28755	28755	\$	15,618.00
ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	28750	28750	\$	21,288.00
ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	28740	28740	\$	22,974.00
ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	28730	28730	\$	47,107.50
ARTHRODESIS SUBTALAR	28725	28725	\$	44,373.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	28675	28675	\$	12,595.50
CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	28665	28665	\$	4,897.50
OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	28645	28645	\$	12,595.50
PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	28636	28636	\$	8,565.00
CLTX METATARSOPHLNGL JT DISLC REQ ANES	28635	28635	\$	4,897.50
CLTX METATARSOPHLNGL JT DISLC W/O ANES	28630	28630	\$	567.00
OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	28615	28615	\$	20,947.50
PRQ SKEL FIXJ TARS JT DISLC W/MANJ	28606	28606	\$	8,565.00
CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	28605	28605	\$	637.50
OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	28585	28585	\$	21,220.50
OPEN TREATMENT TARSAL BONE DISLOCATION	28555	28555	\$	20,293.50
OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	28531	28531	\$	15,618.00
OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	28525	28525	\$	12,595.50
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	28515	28515	\$	616.50
CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	28510	28510	\$	567.00
OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	28505	28505	\$	12,595.50
PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	28496	28496	\$	8,565.00
CLTX FX GRT TOE PHLX/PHLG W/MANJ	28495	28495	\$	637.50
OPEN TREATMENT METATARSAL FRACTURE EACH	28485	28485	\$	20,593.50
PRQ SKEL FIXJ METAR FX W/MANJ	28476	28476	\$	8,565.00
CLTX METAR FX W/MANJ	28475	28475	\$	637.50
CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	28470	28470	\$	637.50
OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	28465	28465	\$	20,239.50
PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	28456	28456	\$	22,056.00
TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	28455	28455	\$	1,405.50
TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	28450	28450	\$	637.50
OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	28446	28446	\$	19,926.00
OPEN TREATMENT TALUS FRACTURE	28445	28445	\$	21,453.00
PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	28436	28436	\$	21,942.00
CLOSED TX TALUS FRACTURE W/O MANIPULATION	28430	28430	\$	768.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	28420	28420	\$	42,369.00
OPEN TREATMENT CALCANEAL FRACTURE	28415	28415	\$	21,580.50
CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	28400	28400	\$	745.50
RECONSTRUCTION CLEFT FOOT	28360	28360	\$	30,771.00
RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	28345	28345	\$	7,185.00
RECONSTRUCTION TOE POLYDACTYLY	28344	28344	\$	7,185.00
RPR NON/MALUNION METARSAL W/WO BONE GRAFT	28322	28322	\$	21,292.50
REPAIR NONUNION/MALUNION TARSAL BONES	28320	28320	\$	45,051.00
SESAMOIDECTOMY FIRST TOE SPX	28315	28315	\$	7,185.00
RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	28313	28313	\$	7,185.00
OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	28312	28312	\$	7,185.00
OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	28310	28310	\$	15,306.00
OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	28309	28309	\$	20,770.50
OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	28308	28308	\$	7,185.00
OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	28306	28306	\$	15,618.00
OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	28300	28300	\$	21,586.50
BUNIONECTOMY WITH DOUBLE OSTEOTOMY	28299	28299	\$	19,990.50
CORRJ HALLUX VALGUS W/WO SESMDC PHALANX OSTEOT	28298	28298	\$	19,803.00
CORRJ HALLUX VALGUS W/WO SESMDC LAPIDUS-TYP PX	28297	28297	\$	22,389.00
CORRJ HALLUX VALGUS W/WO SESMDC W/METAR OSTEOT	28296	28296	\$	9,474.00
KELLER/MCBRIDE/MAYO PROCEDURE	28292	28292	\$	9,474.00
HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	28291	28291	\$	24,493.50
HALLUX RIGIDUS CORRECT W/CHEILECTOMY	28289	28289	\$	7,185.00
OSTC PRTL EXOSTC/CONDYLC METAR HEAD	28288	28288	\$	7,185.00
CORRECTION HAMMERTOES	28285	28285	\$	7,185.00
SYNDACTYLIZATION TOES	28280	28280	\$	7,185.00
CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	28272	28272	\$	6,853.50
CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	28270	28270	\$	7,185.00
CAPSULOTOMY MIDTARSAL	28264	28264	\$	13,708.50
CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	28261	28261	\$	7,185.00
CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	28260	28260	\$	6,853.50
DIVISION PLANTAR FASCIA & MUSCLE SPX	28250	28250	\$	7,185.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	28240	28240	\$	7,185.00
RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	28238	28238	\$	15,618.00
TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	28234	28234	\$	7,828.50
TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	28232	28232	\$	6,853.50
TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	28230	28230	\$	6,853.50
TENOLYSIS EXTENSOR FOOT SINGLE TENDON	28225	28225	\$	7,185.00
RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	28210	28210	\$	20,142.00
REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	28208	28208	\$	7,185.00
RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	28202	28202	\$	19,821.00
RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	28200	28200	\$	7,185.00
REMOVAL FOREIGN BODY FOOT COMPLICATED	28193	28193	\$	3,138.00
REMOVAL FOREIGN BODY FOOT DEEP	28192	28192	\$	5,067.00
REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	28190	28190	\$	1,374.00
HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	28160	28160	\$	7,185.00
RESECTION CONDYLE DISTAL END PHALANX EACH TOE	28153	28153	\$	6,853.50
PHALANGECTOMY TOE EACH TOE	28150	28150	\$	7,185.00
PARTIAL EXCISION BONE PHALANX TOE	28124	28124	\$	6,853.50
PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	28122	28122	\$	7,185.00
PARTIAL EXCISION BONE TALUS/CALCANEUS	28120	28120	\$	7,185.00
OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	28119	28119	\$	7,185.00
OSTECTOMY CALCANEUS	28118	28118	\$	7,185.00
OSTECTOMY TARSAL COALITION	28116	28116	\$	7,185.00
OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	28114	28114	\$	7,185.00
OSTECTOMY COMPLETE 5TH METATARSAL HEAD	28113	28113	\$	7,185.00
OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	28112	28112	\$	7,185.00
OSTECTOMY PRTL 5TH METAR HEAD SPX	28110	28110	\$	7,185.00
EXC/CURTG CST/B9 TUM PHALANGES FOOT	28108	28108	\$	6,853.50
EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	28107	28107	\$	21,253.50
EXC/CURTG BONE CYST/B9 TUM TARSAL/METATARSAL	28104	28104	\$	7,185.00
EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	28102	28102	\$	19,926.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	28100	28100	\$	7,185.00
EXC LESION TENDON SHEATH/CAPSULE W/SYINVCT TOE EA	28092	28092	\$	6,853.50
EXC LESION TENDON SHEATH/CAPSULE W/SYINVCT FOOT	28090	28090	\$	6,853.50
SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	28088	28088	\$	6,853.50
SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	28086	28086	\$	7,185.00
EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	28080	28080	\$	6,853.50
SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	28072	28072	\$	7,185.00
SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	28070	28070	\$	15,306.00
FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	28060	28060	\$	7,185.00
ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	28052	28052	\$	7,185.00
EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	28045	28045	\$	6,853.50
EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	28043	28043	\$	6,733.50
EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	28041	28041	\$	6,079.50
EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	28039	28039	\$	6,079.50
RELEASE TARSAL TUNNEL	28035	28035	\$	5,989.50
ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	28024	28024	\$	7,828.50
ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	28022	28022	\$	7,828.50
TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	28011	28011	\$	6,853.50
TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	28010	28010	\$	6,853.50
FASCIOTOMY FOOT&/TOE	28008	28008	\$	7,185.00
I&D BELOW FASCIA FOOT 1 BURSAL SPACE	28002	28002	\$	7,998.00
INCISION&DRAINAGE BURSA FOOT	28001	28001	\$	5,140.50
DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	27892	27892	\$	7,998.00
ANKLE DISARTICULATION	27889	27889	\$	15,306.00
AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	27884	27884	\$	7,998.00
AMPUTATION LEG THROUGH TIBIA&FIBULA	27880	27880	\$	9,630.00
ARTHRODESIS ANKLE OPEN	27870	27870	\$	45,439.50
MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	27860	27860	\$	6,639.00
OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	27848	27848	\$	20,110.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	27846	27846	\$	15,618.00
CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	27842	27842	\$	5,593.50
CLTX PROX TIBFIB JT DISLC REQ ANES	27831	27831	\$	7,185.00
OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	27829	27829	\$	20,757.00
OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	27828	27828	\$	43,389.00
OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	27827	27827	\$	43,681.50
OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	27826	27826	\$	20,386.50
CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	27825	27825	\$	3,784.50
CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	27824	27824	\$	637.50
OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	27823	27823	\$	20,362.50
OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	27822	27822	\$	20,577.00
CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	27818	27818	\$	4,099.50
CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	27816	27816	\$	637.50
OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	27814	27814	\$	20,560.50
CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	27808	27808	\$	646.50
OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	27792	27792	\$	20,445.00
CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	27786	27786	\$	637.50
OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	27784	27784	\$	15,618.00
CLTX PROX FIBULA/SHFT FX W/MANJ	27781	27781	\$	3,784.50
CLTX PROX FIBULA/SHFT FX W/O MANJ	27780	27780	\$	732.00
OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	27769	27769	\$	19,926.00
CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	27768	27768	\$	5,424.00
CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	27767	27767	\$	637.50
OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	27766	27766	\$	15,618.00
CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	27762	27762	\$	4,099.50
CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	27760	27760	\$	795.00
TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	27759	27759	\$	42,328.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	27758	27758	\$	43,341.00
PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	27756	27756	\$	19,926.00
CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	27752	27752	\$	4,099.50
REPAIR FIBULA NONUNION/MALUNION W INT FIXATION	27726	27726	\$	20,664.00
RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	27724	27724	\$	5,085.00
REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	27720	27720	\$	22,119.00
OSTEOTOMY TIBIA & FIBULA	27709	27709	\$	40,441.50
OSTEOTOMY TIBIA	27705	27705	\$	19,884.00
REMOVAL ANKLE IMPLANT	27704	27704	\$	7,935.00
ARTHROPLASTY ANKLE W/IMPLANT	27702	27702	\$	43,971.00
REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	27698	27698	\$	19,921.50
RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	27696	27696	\$	19,926.00
RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	27695	27695	\$	20,026.50
TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	27692	27692	\$	3,960.00
TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	27691	27691	\$	15,618.00
TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	27690	27690	\$	15,618.00
GASTROCNEMIUS RECESSION	27687	27687	\$	8,431.50
LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	27685	27685	\$	8,431.50
TNOLS FLXR/XSNSR TDN LEG&/ANKLE MLT TDN	27681	27681	\$	8,431.50
TENOLYSIS FLXR/XSNSR TENDON LEG&/ANKLE 1 EACH	27680	27680	\$	8,431.50
REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	27676	27676	\$	15,618.00
RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	27675	27675	\$	7,185.00
RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	27665	27665	\$	15,306.00
RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	27664	27664	\$	15,618.00
RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	27659	27659	\$	15,618.00
REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	27658	27658	\$	7,185.00
REPAIR FASCIAL DEFECT LEG	27656	27656	\$	10,243.50
REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	27654	27654	\$	19,926.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	27652	27652	\$	22,339.50
ACHILLES TENDON REPAIR	27650	27650	\$	15,306.00
RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	27647	27647	\$	13,786.50
PARTIAL EXCISION BONE FIBULA	27641	27641	\$	8,431.50
PARTIAL EXCISION BONE TIBIA	27640	27640	\$	13,786.50
EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	27638	27638	\$	15,618.00
EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	27637	27637	\$	21,510.00
EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	27635	27635	\$	8,431.50
EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	27632	27632	\$	6,079.50
EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	27630	27630	\$	7,185.00
ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	27626	27626	\$	8,431.50
ARTHROTOMY W/SYNOVECTOMY ANKLE	27625	27625	\$	8,431.50
ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	27620	27620	\$	8,431.50
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	27619	27619	\$	6,733.50
EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	27618	27618	\$	5,067.00
BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	27614	27614	\$	6,733.50
BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	27613	27613	\$	2,284.50
ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	27612	27612	\$	8,431.50
ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	27610	27610	\$	8,431.50
TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	27606	27606	\$	7,185.00
INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	27603	27603	\$	6,079.50
DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	27602	27602	\$	7,185.00
DCMPRN FASCT LEG POST COMPARTMENT ONLY	27601	27601	\$	7,185.00
DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	27600	27600	\$	7,185.00
Open bone graft Tunnel, Allograft	27599GF	27599	\$	56,640.00
LEFT POSTEROLATERAL CORNER RECONSTRUCTION REVISION OPEN	27599LC	27599	\$	26,002.50
Subchondroplasty to the Tibia, Percutaneous	27599ST	27599	\$	20,965.50
OPEN/PERC DRILLING FOR STRESS FX KNEE-COMPARE 29855	27599SF	27599	\$	19,060.50
Percutaneous fixation of proximal tibia fracture	27599PF	27599	\$	14,785.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

OCD extra-articular drilling	27599OC	27599	\$	10,969.50
Anterior Lateral Ligament Recon; Knee Open	27599AL	27599	\$	10,897.50
Arthrotomy knee with release of arthofibrosis	27599AK	27599	\$	9,630.00
OPEN Lateral Retinaculum lengthening	27599LL	27599	\$	9,621.00
OPEN MICROFRACTURE KNEE-COMPARE 29879	27599MK	27599	\$	9,604.50
Open Patellar Tendon Debridement	27599OP	27599	\$	9,376.50
BURSECTOMY OPEN KNEE	27599BO	27599	\$	7,185.00
subchondroplasty medial femoral condylal	27599MF	27599	\$	6,310.50
Knee Exam Under Anesthesia	27599KE	27599	\$	6,246.00
Tibial Bone Grafting	27599TB	27599	\$	712.50
UNLISTED PROCEDURE FEMUR/KNEE	27599	27599	\$	567.00
AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	27596	27596	\$	18,079.50
MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	27570	27570	\$	4,897.50
OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	27558	27558	\$	18,741.00
OPEN TX KNEE DISLOCATION W/LIGAMENOUS REPAIR	27557	27557	\$	13,879.50
OPEN TX KNEE DISLOCATION W/O LIGAMENOUS REPAIR	27556	27556	\$	15,618.00
OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	27540	27540	\$	4,780.50
OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	27536	27536	\$	4,782.00
OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	27535	27535	\$	5,073.00
OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	27524	27524	\$	15,618.00
OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	27514	27514	\$	4,782.00
PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	27509	27509	\$	22,066.50
RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	27488	27488	\$	20,049.00
REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	27487	27487	\$	48,391.50
REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	27486	27486	\$	48,471.00
ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	27477	27477	\$	41,479.50
ARREST EPIPHYSEAL DISTAL FEMUR	27475	27475	\$	15,618.00
OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	27457	27457	\$	26,002.50
OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	27455	27455	\$	26,002.50
OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	27450	27450	\$	26,002.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	27447	27447	\$	56,640.00
ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	27446	27446	\$	69,009.00
ARTHROPLASTY KNEE HINGE PROSTHESIS	27445	27445	\$	48,391.50
ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	27442	27442	\$	45,084.00
ARTHROPLASTY KNEE TIBIAL PLATEAU	27440	27440	\$	41,265.00
ARTHROPLASTY PATELLA W/PROSTHESIS	27438	27438	\$	41,265.00
QUADRICEPSPLASTY	27430	27430	\$	15,618.00
LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	27429	27429	\$	54,088.50
LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	27428	27428	\$	39,969.00
LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	27427	27427	\$	20,235.00
LATERAL RETINACULAR RELEASE OPEN	27425	27425	\$	8,431.50
RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	27422	27422	\$	15,618.00
RCNSTJ DISLOCATING PATELLA	27420	27420	\$	15,618.00
ANTERIOR TIBIAL TUBERCLEPLASTY	27418	27418	\$	16,047.00
OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	27416	27416	\$	22,335.00
OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	27415	27415	\$	53,040.00
AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	27412	27412	\$	24,556.50
RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	27405	27405	\$	15,618.00
ARTHROTOMY W/MENISCUS REPAIR KNEE	27403	27403	\$	19,926.00
TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	27400	27400	\$	15,618.00
TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	27396	27396	\$	15,618.00
LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	27395	27395	\$	13,786.50
LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	27394	27394	\$	15,306.00
LENGTHENING HAMSTRING TENDON SINGLE	27393	27393	\$	15,306.00
SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	27386	27386	\$	15,618.00
SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	27385	27385	\$	15,618.00
SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	27381	27381	\$	20,163.00
SUTURE INFRAPATELLAR TENDON PRIMARY	27380	27380	\$	15,618.00
REMOVAL FOREIGN BODY DEEP THIGH/KNEE	27372	27372	\$	6,733.50
PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	27360	27360	\$	8,431.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	27358	27358	\$	4,782.00
EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	27357	27357	\$	19,926.00
EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	27356	27356	\$	39,969.00
EXCISION/CURETTAGE CYST/TUMOR FEMUR	27355	27355	\$	8,431.50
PATELLECTOMY/HEMIPATELLECTOMY	27350	27350	\$	15,306.00
EXCISION LESION MENISCUS/CAPSULE KNEE	27347	27347	\$	7,185.00
EXCISION SYNOVIAL CYST POPLITEAL SPACE	27345	27345	\$	7,185.00
EXCISION PREPATELLAR BURSA	27340	27340	\$	7,185.00
EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	27339	27339	\$	5,202.00
EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	27337	27337	\$	6,079.50
ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	27334	27334	\$	8,431.50
ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	27332	27332	\$	8,431.50
ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	27331	27331	\$	8,431.50
EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	27328	27328	\$	6,733.50
EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	27327	27327	\$	6,733.50
NEURECTOMY POPLITEAL	27326	27326	\$	5,989.50
BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	27324	27324	\$	6,733.50
BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	27323	27323	\$	3,073.50
ARTHRT KNE W/EXPL DRG/RMVL FB	27310	27310	\$	8,431.50
TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	27306	27306	\$	7,998.00
FASCIOTOMY ILIOTIBIAL OPEN	27305	27305	\$	7,185.00
I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	27301	27301	\$	5,875.50
HIP CORE DECOMPRESSION, OPEN	27299HD	27299	\$	8,431.50
gluteus medius and minmus tendon repair	27299GM	27299	\$	7,788.00
		27279	\$	54,321.04
MANIPULATION HIP JOINT GENERAL ANESTHESIA	27275	27275	\$	4,897.50
OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	27269	27269	\$	29,380.50
CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	27267	27267	\$	29,380.50
CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	27238	27238	\$	4,099.50
PRQ SKEL FIXJ FEMORAL FX PROX END NECK	27235	27235	\$	8,595.00
OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	27226	27226	\$	29,380.50
		27194	\$	6,805.34

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

		27193	\$	5,104.01
OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	27177	27177	\$	4,005.00
REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	27138	27138	\$	48,391.50
REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	27137	27137	\$	48,391.50
REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	27134	27134	\$	48,391.50
CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	27132	27132	\$	48,799.50
ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	27130	27130	\$	48,799.50
RELEASE/RECESSION HAMSTRING PROXIMAL	27097	27097	\$	8,431.50
SACROILIAC JOINT INJECTION	27096	27096	\$	1,606.50
INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	27095	27095	\$	1,606.50
INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	27093	27093	\$	1,606.50
REMOVAL FOREIGN BODY PELVIS/HIP DEEP	27087	27087	\$	7,185.00
RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	27086	27086	\$	5,202.00
Percutaneous Cor Decompression of Humeral head - Compare to 27071	23929PD	27071	\$	4,377.00
EXCISION TROCHANTERIC BURSA/CALCIFICATION	27062	27062	\$	7,185.00
EXCISION ISCHIAL BURSA	27060	27060	\$	15,306.00
EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	27047	27047	\$	7,837.50
EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	27045	27045	\$	5,202.00
CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	27036	27036	\$	20,740.50
I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	26990	26990	\$	7,998.00
UNLISTED PROCEDURE HANDS/FINGERS	26989	26989	\$	8,682.00
AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	26952	26952	\$	7,185.00
AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	26951	26951	\$	7,185.00
AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	26910	26910	\$	8,682.00
ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	26862	26862	\$	8,682.00
ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	26861	26861	\$	4,249.50
ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	26860	26860	\$	8,682.00
ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	26852	26852	\$	15,618.00
ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	26850	26850	\$	15,618.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	26844	26844	\$	23,802.00
ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	26843	26843	\$	20,749.50
ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	26841	26841	\$	15,618.00
OPEN TX INTERPHALANGEAL JOINT DISLOCATION	26785	26785	\$	8,565.00
PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	26776	26776	\$	8,565.00
CLTX IPHAL JT DISLC W/MANJ REQ ANES	26775	26775	\$	4,897.50
CLTX IPHAL JT DISLC W/MANJ W/O ANES	26770	26770	\$	637.50
OPEN TX DISTAL PHALANGEAL FRACTURE EACH	26765	26765	\$	12,595.50
CLOSED REDUCTION PERCUTANEOUS PINNING FINGER	26756	26756	\$	8,565.00
CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	26755	26755	\$	637.50
CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	26750	26750	\$	637.50
OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	26746	26746	\$	12,595.50
CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	26742	26742	\$	4,099.50
CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	26740	26740	\$	637.50
OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	26735	26735	\$	12,595.50
PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	26727	26727	\$	8,565.00
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	26725	26725	\$	637.50
CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	26720	26720	\$	637.50
OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	26715	26715	\$	12,595.50
PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	26706	26706	\$	7,185.00
CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	26705	26705	\$	4,099.50
CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	26700	26700	\$	637.50
OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	26686	26686	\$	19,197.00
OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	26685	26685	\$	12,595.50
PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	26676	26676	\$	8,565.00
CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	26675	26675	\$	3,784.50
OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	26665	26665	\$	12,595.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	26650	26650	\$	8,565.00
CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	26645	26645	\$	4,099.50
OPEN TX METACARPAL FRACTURE SINGLE EA BONE	26615	26615	\$	12,595.50
PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	26608	26608	\$	8,565.00
CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	26607	26607	\$	7,185.00
CLTX METACARPAL FX W/MANIPULATION EACH BONE	26605	26605	\$	637.50
CLTX METACARPAL FX W/O MANIPULATION EACH BONE	26600	26600	\$	637.50
EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	26596	26596	\$	7,185.00
RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	26593	26593	\$	7,185.00
REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	26591	26591	\$	8,682.00
OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	26568	26568	\$	22,365.00
OSTEOTOMY PHALANX FINGER EACH	26567	26567	\$	8,682.00
OSTEOTOMY METACARPAL EACH	26565	26565	\$	8,682.00
REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	26561	26561	\$	8,682.00
REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	26560	26560	\$	7,444.50
RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	26548	26548	\$	8,682.00
REPAIR NON UNION HAND	26546	26546	\$	15,618.00
RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	26545	26545	\$	8,682.00
RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	26542	26542	\$	7,185.00
RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	26541	26541	\$	8,682.00
RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	26540	26540	\$	7,185.00
ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	26536	26536	\$	21,001.50
ARTHROPLASTY INTERPHALANGEAL JOINT EACH	26535	26535	\$	11,223.00
ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	26531	26531	\$	21,700.50
ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	26530	26530	\$	20,146.50
CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	26525	26525	\$	7,185.00
CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	26520	26520	\$	7,185.00
CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	26516	26516	\$	8,682.00
CROSS INTRINSIC TRANSFER EACH TENDON	26510	26510	\$	8,682.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	26502	26502	\$	8,682.00
RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	26500	26500	\$	15,618.00
TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	26498	26498	\$	8,682.00
TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	26497	26497	\$	8,682.00
TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	26489	26489	\$	8,682.00
TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	26485	26485	\$	8,682.00
TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	26480	26480	\$	8,682.00
SHORTENING TENDON FLEXOR HAND/FINGER EACH	26479	26479	\$	6,945.00
LENGTHENING TENDON FLEXOR HAND/FINGER EACH	26478	26478	\$	7,185.00
SHORTENING TENDON EXTENSOR HAND/FINGER EACH	26477	26477	\$	7,185.00
LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	26476	26476	\$	7,185.00
TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	26471	26471	\$	7,185.00
TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	26460	26460	\$	5,421.00
TENOTOMY FLEXOR FINGER OPEN EACH TENDON	26455	26455	\$	5,421.00
TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	26449	26449	\$	8,682.00
TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	26445	26445	\$	7,185.00
TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	26442	26442	\$	8,682.00
TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	26440	26440	\$	5,421.00
REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	26437	26437	\$	7,185.00
REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	26434	26434	\$	8,682.00
REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	26433	26433	\$	7,185.00
CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	26432	26432	\$	5,421.00
RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	26426	26426	\$	8,682.00
REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	26420	26420	\$	8,682.00
REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	26418	26418	\$	7,185.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	26410	26410	\$	7,185.00
EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	26390	26390	\$	20,433.00
RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	26373	26373	\$	8,682.00
RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	26372	26372	\$	15,618.00
RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	26370	26370	\$	8,682.00
RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	26358	26358	\$	15,306.00
RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON1	26357	26357	\$	10,930.50
RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	26356	26356	\$	8,682.00
RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	26352	26352	\$	15,306.00
RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	26350	26350	\$	8,682.00
MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	26340	26340	\$	4,099.50
REMOVAL IMPLANT FROM FINGER/HAND	26320	26320	\$	3,073.50
PARTIAL EXCISION DISTAL PHALANX FINGER	26236	26236	\$	5,421.00
PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	26235	26235	\$	5,421.00
PARTIAL EXCISION BONE METACARPAL	26230	26230	\$	6,945.00
EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	26215	26215	\$	6,945.00
EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	26210	26210	\$	5,421.00
EXCISION/CURETTAGE CYST/TUMOR METACARPAL	26200	26200	\$	7,185.00
SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	26185	26185	\$	5,421.00
EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	26180	26180	\$	5,421.00
EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	26170	26170	\$	5,421.00
EXCISION OF HAND/FINGER GANGLION	26160	26160	\$	5,421.00
SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	26145	26145	\$	5,421.00
SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	26140	26140	\$	5,421.00
SYNVCT MTCARPHLNGJ JT W/INTRNSC RLS&XTNSR HOOD	26135	26135	\$	8,682.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	26125	26125	\$	2,004.00
FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	26123	26123	\$	8,682.00
FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	26121	26121	\$	8,682.00
RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	26117	26117	\$	9,127.50
EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	26116	26116	\$	6,733.50
EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	26115	26115	\$	6,733.50
EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	26113	26113	\$	3,073.50
EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	26111	26111	\$	3,073.50
ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	26110	26110	\$	5,421.00
ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	26105	26105	\$	7,185.00
ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	26100	26100	\$	7,185.00
ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	26080	26080	\$	5,421.00
ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	26075	26075	\$	7,185.00
ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	26070	26070	\$	5,421.00
TRIGGER FINGER RELEASE	26055	26055	\$	5,421.00
FASCIOTOMY PALMAR OPEN PARTIAL	26045	26045	\$	8,682.00
FASCIOTOMY PALMAR PERCUTANEOUS	26040	26040	\$	8,682.00
INCISION BONE CORTEX HAND/FINGER	26034	26034	\$	5,421.00
DRAINAGE FINGER ABSCESS COMPLICATED	26011	26011	\$	3,742.50
DRAINAGE FINGER ABSCESS SIMPLE	26010	26010	\$	664.50
ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	25830	25830	\$	22,339.50
ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	25825	25825	\$	21,174.00
ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	25820	25820	\$	20,949.00
ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	25810	25810	\$	43,506.00
ARTHRODESIS WRIST W/SLIDING GRAFT	25805	25805	\$	21,796.50
ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	25800	25800	\$	22,339.50
OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	25685	25685	\$	15,306.00
OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	25676	25676	\$	15,618.00
PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	25671	25671	\$	8,565.00

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	25670	25670	\$	23,877.00
OPEN TREATMENT ULNAR STYLOID FRACTURE	25652	25652	\$	19,917.00
PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	25651	25651	\$	8,565.00
OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	25645	25645	\$	12,595.50
CLTX CARPAL BONE FX W/O MANJ EACH BONE	25630	25630	\$	703.50
OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	25628	25628	\$	15,618.00
CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	25622	25622	\$	637.50
OPEN REDUCTION INTERNAL FIXATION DISTAL RADIUS, I-ARTIC FX/EPIPHYSL SEP 3 FRAG	25609	25609	\$	21,676.50
OPEN REDUCTION INTERNAL FIXATION DISTAL RADIUSL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	25608	25608	\$	21,421.50
OPEN REDUCTION INTERNAL FIXATION DISTAL RADIUSL X-ARTIC FX/EPIPHYSL SEP	25607	25607	\$	21,522.00
PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	25606	25606	\$	8,565.00
CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	25605	25605	\$	4,099.50
CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	25600	25600	\$	637.50
OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	25575	25575	\$	21,316.50
OPEN REDUCTION INTERNAL FIXATION RADIAL& ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	25574	25574	\$	21,849.00
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	25565	25565	\$	4,099.50
CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	25560	25560	\$	637.50
OPEN TREATMENT OF ULNAR SHAFT FRACTURE	25545	25545	\$	20,166.00
CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	25535	25535	\$	637.50
OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	25526	25526	\$	19,926.00
OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	25525	25525	\$	20,175.00
CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	25520	25520	\$	4,099.50
OPEN TREATMENT RADIAL SHAFT FRACTURE	25515	25515	\$	20,589.00
CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	25505	25505	\$	3,784.50
CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	25500	25500	\$	658.50
EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	25450	25450	\$	16,047.00
ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	25447	25447	\$	13,063.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	25446	25446	\$	68,452.50
ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	25445	25445	\$	23,046.00
ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	25444	25444	\$	47,706.00
ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	25443	25443	\$	22,486.50
ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	25442	25442	\$	66,580.50
ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	25441	25441	\$	48,835.50
RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	25440	25440	\$	26,002.50
REPAIR NONUNION CARPAL BONE EACH BONE	25431	25431	\$	15,618.00
REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	25425	25425	\$	15,745.50
RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	25420	25420	\$	26,002.50
RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	25405	25405	\$	21,126.00
RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	25400	25400	\$	21,456.00
OSTEOPLASTY CARPAL BONE SHORTENING	25394	25394	\$	7,185.00
OSTEOPLASTY RADIUS/ULNA SHORTENING	25390	25390	\$	21,094.50
OSTEOTOMY RADIUS & ULNA	25365	25365	\$	30,702.00
OSTEOTOMY ULNA	25360	25360	\$	19,989.00
OSTEOTOMY RADIUS DISTAL THIRD	25350	25350	\$	26,002.50
RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25337	25337	\$	20,013.00
ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	25332	25332	\$	13,063.50
CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	25320	25320	\$	16,047.00
TDN TRNSPLJ/TR FLXR/XTNRSR F/ARM&/WRST 1/TDN GR	25312	25312	\$	16,047.00
TDN TRNSPLJ/TR FLXR/XTNRSR F/ARM&/WRST 1 EA TDN	25310	25310	\$	16,047.00
TENODESIS WRIST EXTENSORS FINGERS	25301	25301	\$	9,814.50
TNOLS FLXR/XTNRSR TENDON FOREARM&/WRIST 1 EA	25295	25295	\$	8,151.00
TNOT FLXR/XTNRSR TENDON FOREARM&/WRIST 1 EA	25290	25290	\$	9,814.50
RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	25275	25275	\$	9,814.50
RPR TDN/MUSC XTNRSR F/ARM&/WRST SEC FR GRF EA TDN	25274	25274	\$	9,814.50
RPR TDN/MUSC XTNRSR F/ARM&/WRIST SEC 1 EA TDN/MU	25272	25272	\$	9,814.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	25270	25270	\$	9,814.50
RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	25265	25265	\$	9,814.50
RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	25263	25263	\$	15,306.00
RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	25260	25260	\$	9,814.50
MANIPULATION WRIST UNDER ANESTHESIA	25259	25259	\$	4,099.50
EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	25248	25248	\$	8,151.00
EXCISION DISTAL ULNA PARTIAL/COMPLETE	25240	25240	\$	9,814.50
RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	25230	25230	\$	9,814.50
CARPECTOMY ALL BONES PROXIMAL ROW	25215	25215	\$	10,105.50
CARPECTOMY 1 BONE	25210	25210	\$	10,105.50
PARTIAL EXCISION BONE RADIUS	25151	25151	\$	9,814.50
PARTIAL EXCISION BONE ULNA	25150	25150	\$	9,814.50
EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	25135	25135	\$	15,306.00
EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	25130	25130	\$	9,814.50
EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	25120	25120	\$	9,814.50
SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	25119	25119	\$	9,814.50
SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	25118	25118	\$	9,814.50
RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	25116	25116	\$	8,151.00
RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	25115	25115	\$	8,151.00
EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	25112	25112	\$	7,185.00
EXCISION OF WRIST GANGLION	25111	25111	\$	6,309.00
EXCISION LESION TENDON SHEATH FOREARM&/WRIST	25110	25110	\$	8,151.00
EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	25109	25109	\$	8,151.00
ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	25107	25107	\$	9,814.50
ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	25105	25105	\$	9,814.50
ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	25101	25101	\$	9,814.50
ARTHROTOMY WRIST JOINT WITH BIOPSY	25100	25100	\$	8,151.00
CAPSULOTOMY WRIST	25085	25085	\$	7,935.00
EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	25076	25076	\$	7,837.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	25075	25075	\$	5,898.00
EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	25073	25073	\$	6,079.50
EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	25071	25071	\$	3,073.50
BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	25066	25066	\$	7,837.50
BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	25065	25065	\$	2,659.50
ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	25040	25040	\$	9,814.50
DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	25023	25023	\$	9,814.50
DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	25020	25020	\$	8,151.00
INCISION FLEXOR TENDON SHEATH WRIST	25001	25001	\$	8,151.00
RELEASE FIRST EXTENSOR COMPARTMENT AT WRIST (DEQUERVAIN'S)	25000	25000	\$	8,151.00
OCD drilling bone grafting and repair with fixation	24999OD	24999	\$	21,925.50
Open Microfracture Capitellum	24999MC	24999	\$	9,604.50
UNLISTED PROCEDURE HUMERUS/ELBOW	24999	24999	\$	567.00
excision ganglion elbow	24999GE	24999	\$	567.00
OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	24685	24685	\$	20,251.50
CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	24675	24675	\$	4,099.50
OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	24666	24666	\$	47,835.00
OPEN TX RADIAL HEAD/NECK FRACTURE	24665	24665	\$	15,618.00
CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	24655	24655	\$	4,099.50
CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	24650	24650	\$	745.50
OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	24635	24635	\$	22,345.50
CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	24620	24620	\$	3,784.50
TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	24605	24605	\$	5,593.50
OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	24586	24586	\$	43,536.00
PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	24582	24582	\$	15,306.00
OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	24579	24579	\$	40,486.50
ORIF OCD Fragment	24999ECF	24579	\$	29,344.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

OPEN TX HUMERAL EPICONDYLAR FRACTURE	24575	24575	\$	42,181.50
PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	24566	24566	\$	9,969.00
OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	24546	24546	\$	58,497.00
OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	24545	24545	\$	43,323.00
PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	24538	24538	\$	15,618.00
TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	24516	24516	\$	42,913.50
OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	24515	24515	\$	41,968.50
CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	24500	24500	\$	658.50
PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	24498	24498	\$	43,507.50
repair nonunion humerus with graft	24435	24435	\$	42,811.50
REPAIR NON/MALUNION HUMERUS W/O GRAFT	24430	24430	\$	42,913.50
OSTEOPLASTY HUMERUS	24420	24420	\$	19,926.00
ARTHROPLASTY RADIAL HEAD W/IMPLANT	24366	24366	\$	47,532.00
ARTHROPLASTY RADIAL HEAD	24365	24365	\$	45,562.50
ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	24363	24363	\$	64,303.50
ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	24362	24362	\$	49,072.50
TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	24359	24359	\$	7,185.00
TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	24358	24358	\$	7,185.00
TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	24357	24357	\$	7,185.00
RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	24346	24346	\$	29,344.50
REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	24345	24345	\$	15,618.00
RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	24344	24344	\$	26,002.50
REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	24343	24343	\$	9,814.50
RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	24342	24342	\$	16,047.00
REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	24341	24341	\$	16,047.00
OPEN BICEPS TENODESIS	24340	24340	\$	16,047.00
TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	24310	24310	\$	8,151.00
TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	24305	24305	\$	9,814.50
MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	24301	24301	\$	15,618.00
MANIPULATION ELBOW UNDER ANESTHESIA	24300	24300	\$	5,700.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	24201	24201	\$	6,079.50
RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	24200	24200	\$	1,599.00
PROSTHESIS REMOVAL RADIAL HEAD	24164	24164	\$	7,189.50
RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	24149	24149	\$	15,618.00
PARTIAL EXCISION BONE OLECRANON PROCESS	24147	24147	\$	9,814.50
PARTIAL EXCISION BONE HUMERUS	24140	24140	\$	9,814.50
EXCISION RADIAL HEAD	24130	24130	\$	9,814.50
EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	24120	24120	\$	8,151.00
EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	24116	24116	\$	18,927.00
EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	24110	24110	\$	8,151.00
EXCISION OLECRANON BURSA	24105	24105	\$	8,151.00
ARTHROTOMY ELBOW W/SYNOVECTOMY	24102	24102	\$	9,814.50
ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	24101	24101	\$	9,814.50
EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	24076	24076	\$	7,837.50
EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	24075	24075	\$	5,898.00
EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	24073	24073	\$	6,079.50
EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	24071	24071	\$	6,079.50
BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	24066	24066	\$	11,374.50
BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	24065	24065	\$	5,898.00
ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	24006	24006	\$	9,814.50
ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	24000	24000	\$	9,814.50
INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	23931	23931	\$	6,838.50
I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	23930	23930	\$	6,838.50
ORIF OS ACROMIALE	23929OS	23929	\$	40,143.00
Right Proximal Humerus Stress Fracture Drilling Repair Open	23929RP	23929	\$	21,925.50
right pectoralis major tendon repair	23929PM	23929	\$	15,331.50
OPN SUBCORACOID DECOMP W/CORACOPLASTY	23929SD	23929	\$	13,786.50
SCAPULAR BURSECTOMY	23929SB	23929	\$	11,494.50
Coracoclavicular Ligament Repair	23929CL	23929	\$	11,449.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

Repair nonunion/malunion with or w/o graft Compare to CPT 24435	23929RE	23929	\$	8,500.50
MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	23700	23700	\$	5,700.00
OPEN TX ACUTE SHOULDER DISLOCATION	23660	23660	\$	15,618.00
CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	23655	23655	\$	5,700.00
OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	23630	23630	\$	22,345.50
OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	23615	23615	\$	44,100.00
CLTX PROX HUMRL FX W/MANJ W/WO SKELETAL TRACJ	23605	23605	\$	4,099.50
OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	23585	23585	\$	20,910.00
CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	23570	23570	\$	777.00
OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	23552	23552	\$	25,371.00
OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	23550	23550	\$	20,134.50
OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	23515	23515	\$	22,345.50
OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	23485	23485	\$	43,120.50
OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	23480	23480	\$	16,047.00
REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	23473	23473	\$	31,110.00
ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	23472	23472	\$	63,600.00
ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	23470	23470	\$	41,863.50
CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	23466	23466	\$	16,047.00
CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	23462	23462	\$	16,047.00
CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	23455	23455	\$	26,002.50
CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	23450	23450	\$	26,002.50
RESECTION/TRANSPLANTATION LONG TENDON BICEPS	23440	23440	\$	20,548.50
TENODESIS LONG TENDON BICEPS	23430	23430	\$	16,047.00
RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	23420	23420	\$	16,047.00
CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	23415	23415	\$	16,047.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

OPEN REPAIR OF ROTATOR CUFF CHRONIC	23412	23412	\$	16,047.00
OPEN REPAIR OF ROTATOR CUFF ACUTE	23410	23410	\$	16,047.00
TENOTOMY SHOULDER AREA 1 TENDON	23405	23405	\$	15,618.00
MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	23395	23395	\$	16,047.00
REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	23333	23333	\$	5,202.00
		23331	\$	12,620.75
OSTECTOMY SCAPULA PARTIAL	23190	23190	\$	11,431.50
PARTIAL EXCISION BONE PROXIMAL HUMERUS	23184	23184	\$	15,618.00
PARTIAL EXCISION BONE CLAVICLE	23180	23180	\$	15,306.00
EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	23150	23150	\$	9,814.50
EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	23140	23140	\$	8,365.50
PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	23130	23130	\$	16,047.00
CLAVICULECTOMY TOTAL	23125	23125	\$	16,047.00
CLAVICULECTOMY PARTIAL	23120	23120	\$	16,047.00
ARTHRT GLENOHMRL JT W/JT EXPL W/VO RMVL LOOSE/FB	23107	23107	\$	15,618.00
ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	23100	23100	\$	8,151.00
RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	23078	23078	\$	6,733.50
EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	23076	23076	\$	7,837.50
EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	23075	23075	\$	5,898.00
EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	23073	23073	\$	6,079.50
EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	23071	23071	\$	3,105.00
ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	23044	23044	\$	9,814.50
ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	23040	23040	\$	9,814.50
I&D SHOULDER DEEP ABSCESS/HEMATOMA	23030	23030	\$	6,838.50
INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	22859	22859	\$	2,449.50
TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	22858	22858	\$	75,007.50
TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	22856	22856	\$	63,262.50
INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/FUSION	22853	22853	\$	1,894.50
REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	22852	22852	\$	3,399.00
		22851	\$	17,892.84

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	22850	22850	\$ 7,815.00
ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	22845	22845	\$ 14,442.00
POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22840	22840	\$ 13,546.50
EXPLORATION SPINAL FUSION	22830	22830	\$ 3,252.00
KYPHECTOMY SINGLE OR TWO SEGMENTS	22818	22818	\$ 42,861.00
ARTHRODESIS POSTERIOR SPINAL DFRM 8/> VRT SEG	22812	22812	\$ 42,861.00
ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	22810	22810	\$ 42,861.00
ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	22808	22808	\$ 42,861.00
ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	22804	22804	\$ 75,007.50
ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	22802	22802	\$ 75,007.50
ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	22800	22800	\$ 75,007.50
ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	22634	22634	\$ 75,007.50
ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	22633	22633	\$ 35,457.00
ARTHRODESIS POSTERIOR INTERBODY LUMBAR	22630	22630	\$ 75,007.50
ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	22612	22612	\$ 44,997.00
ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	22585	22585	\$ 75,007.50
ARTHRODESIS ANTERIOR INTERBODY LUMBAR	22558	22558	\$ 75,007.50
ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	22554	22554	\$ 54,768.00
ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	22552	22552	\$ 42,861.00
ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	22551	22551	\$ 55,305.00
ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	22548	22548	\$ 42,861.00
ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	22534	22534	\$ 75,007.50
ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	22533	22533	\$ 75,007.50
ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	22532	22532	\$ 75,007.50
EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	21930	21930	\$ 7,837.50
EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	21555	21555	\$ 8,872.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

		21495	\$	12,370.93
CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	20985	20985	\$	1,935.00
AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	20936	20936	\$	1,821.00
ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED TISSUE GRAFTS OTHER	20930	20930	\$	1,461.00
TENDON GRAFT FROM A DISTANCE	20926	20926	\$	7,978.50
FASCIA LATA GRAFT BY STRIPPER	20924	20924	\$	20,161.50
CARTILAGE GRAFT NASAL SEPTUM	20920	20920	\$	5,481.00
BONE GRAFT ANY DONOR AREA MAJOR/LARGE	20912	20912	\$	9,301.50
BONE GRAFT ANY DONOR AREA MINOR/SMALL	20902	20902	\$	15,618.00
XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	20900	20900	\$	19,926.00
XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	20697	20697	\$	3,784.50
REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	20696	20696	\$	57,513.00
ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	20694	20694	\$	4,099.50
APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	20693	20693	\$	15,618.00
APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	20692	20692	\$	47,532.00
REMOVAL IMPLANT DEEP	20690	20690	\$	21,838.50
REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	20680	20680	\$	6,079.50
APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	20670	20670	\$	3,073.50
INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	20660	20660	\$	3,046.50
ASPIRATION & INJECTION TREATMENT BONE CYST	20650	20650	\$	8,151.00
ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	20615	20615	\$	895.50
ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	20612	20612	\$	883.50
ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA	20611	20611	\$	895.50
		20610	\$	883.50
		20606	\$	1,695.83
ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURS	20605	20605	\$	883.50
		20604	\$	1,398.31
ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA	20600	20600	\$	883.50
PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	20555	20555	\$	6,945.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	20553	20553	\$	883.50
INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	20552	20552	\$	883.50
INJECTION SINGLE TENDON ORIGIN/INSERTION	20551	20551	\$	883.50
INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	20550	20550	\$	883.50
INJECTION ENZYME PALMAR FASCIAL CORD	20527	20527	\$	246.00
INJECTION THERAPEUTIC CARPAL TUNNEL	20526	20526	\$	883.50
RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	20525	20525	\$	7,837.50
REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	20520	20520	\$	1,599.00
BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	20251	20251	\$	15,618.00
BIOPSY BONE OPEN DEEP	20245	20245	\$	7,837.50
BIOPSY BONE OPEN SUPERFICIAL	20240	20240	\$	7,837.50
BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	20220	20220	\$	3,073.50
BIOPSY MUSCLE PERCUTANEOUS NEEDLE	20206	20206	\$	3,073.50
BIOPSY MUSCLE DEEP	20205	20205	\$	5,898.00
BIOPSY MUSCLE SUPERFICIAL	20200	20200	\$	5,898.00
EXCISION EPIPHYSEAL BAR	20150	20150	\$	18,936.00
EXPLORATION PENETRATING WOUND SPX EXTREMITY	20103	20103	\$	1,717.50
DESTRUCTION BENIGN LESIONS 15/>	17111	17111	\$	1,173.00
DESTRUCTION BENIGN LESIONS UP TO 14	17110	17110	\$	1,173.00
DESTRUCTION PREMALIGNANT LESION 15/>	17004	17004	\$	1,003.50
DESTRUCTION PREMALIGNANT LESION 2-14 EA	17003	17003	\$	1,173.00
DESTRUCTION PREMALIGNANT LESION 1ST	17000	17000	\$	1,173.00
REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	15851	15851	\$	1,045.50
REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	15850	15850	\$	1,444.50
GRAFT DERMA-FAT-FASCIA	15770	15770	\$	9,301.50
FLAP NEUROVASCULAR PEDICLE	15750	15750	\$	9,301.50
MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	15736	15736	\$	8,370.00
DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	15620	15620	\$	8,370.00
FRMJ DIR/TUBE PEDCL W/WOTR				
FH/CH/CH/M/N/AX/G/H/F	15574	15574	\$	8,370.00
SUB GRFT F/S/N/H/F/G/M/D < /= 100SCM 1ST 100SQ CM	15277	15277	\$	4,524.00
SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	15275	15275	\$	4,524.00
APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	15273	15273	\$	9,301.50

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	15271	15271	\$	4,524.00
FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	15260	15260	\$	5,481.00
FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	15240	15240	\$	5,481.00
PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	15050	15050	\$	2,055.00
ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	14301	14301	\$	9,301.50
ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	14041	14041	\$	5,481.00
ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	14040	14040	\$	5,481.00
ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	14020	14020	\$	5,481.00
ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	14000	14000	\$	5,481.00
SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	13160	13160	\$	8,370.00
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	13132	13132	\$	1,444.50
REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	13131	13131	\$	1,444.50
REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	13121	13121	\$	1,594.50
REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	13120	13120	\$	1,444.50
REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	12041	12041	\$	913.50
REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	12035	12035	\$	933.00
REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	12032	12032	\$	933.00
TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	12021	12021	\$	933.00
TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	12020	12020	\$	1,444.50
SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	12001	12001	\$	1,444.50
REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS	11971	11971	\$	6,079.50
INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	11960	11960	\$	9,301.50
WEDGE EXCISION SKIN NAIL FOLD	11765	11765	\$	1,920.00
RECONSTRUCTION NAIL BED W/GRAFT	11762	11762	\$	1,023.00
REPAIR NAIL BED	11760	11760	\$	1,444.50
BIOPSY NAIL UNIT SEPARATE PROCEDURE	11755	11755	\$	1,599.00
		11752	\$	9,968.47
EXCISION NAIL MATRIX PERMANENT REMOVAL	11750	11750	\$	1,599.00
AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	11732	11732	\$	1,920.00

**Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)**

AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	11730	11730	\$	1,920.00
DEBRIDEMENT NAIL ANY METHOD 1-5	11720	11720	\$	1,918.50
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11446	11446	\$	7,837.50
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	11444	11444	\$	3,105.00
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	11443	11443	\$	2,659.50
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	11442	11442	\$	2,659.50
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	11441	11441	\$	1,599.00
EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	11440	11440	\$	1,599.00
EXC B9 LES MRGN XCP SK TG S/N/H/F/G > 4.0CM	11426	11426	\$	7,837.50
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	11424	11424	\$	5,898.00
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	11423	11423	\$	5,898.00
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	11422	11422	\$	2,659.50
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	11421	11421	\$	2,659.50
EXC B9 LES MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	11420	11420	\$	2,659.50
EXC B9 LES MRGN XCP SK TG T/A/L >4.0 CM	11406	11406	\$	5,898.00
EXC B9 LES MRGN XCP SK TG T/A/L 3.1-4.0 CM	11404	11404	\$	5,898.00
EXC B9 LES MRGN XCP SK TG T/A/L 2.1-3.0 CM/<	11403	11403	\$	2,659.50
EXC B9 LES MRGN XCP SK TG T/A/L 1.1-2.0 CM	11402	11402	\$	1,599.00
EXC B9 LES MRGN XCP SK TG T/A/L 0.6-1.0 CM	11401	11401	\$	1,599.00
EXC B9 LES MRGN XCP SK TG T/A/L 0.5 CM/<	11400	11400	\$	1,599.00
SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	11305	11305	\$	1,173.00
REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	11200	11200	\$	1,173.00
BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	11100	11100	\$	426.00
DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	11044	11044	\$	3,073.50
DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	11043	11043	\$	1,444.50
DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	11042	11042	\$	1,045.50
DBRDMT FX&/DISLC SUBQ T/M/F BONE	11012	11012	\$	6,079.50
DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	11011	11011	\$	1,717.50
DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	11010	11010	\$	1,717.50
DBRDMT EXTENSIV ECZEMA/INFECT SKN UP 10% BDY SURF	11000	11000	\$	427.50
INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	10180	10180	\$	6,838.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	10160	10160	\$	480.00
I&D HEMATOMA SEROMA/FLUID COLLECTION	10140	10140	\$	4,356.00
INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	10121	10121	\$	5,898.00
INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	10120	10120	\$	627.00
INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	10061	10061	\$	664.50
INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	10060	10060	\$	562.50
IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	10030	10030	\$	1,644.00
FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	10022	10022	\$	810.00
FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE	10021	10021	\$	430.50

Attachment 25
Non-Hospital Based Ambulatory Surgery
Assurances- 1110.235(c)(10)

Daniel Troy, M.D.
Khaled Almausoori, M.D.
Paul Danielsky, M.D.
Dana Berns, D.P.M



September 12, 2022

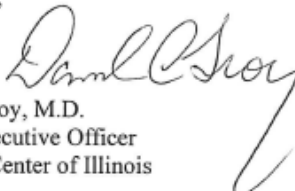
John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Surgery Center of Illinois -Assurances

Dear Mr. Kniery,

As a representative of Surgery Center of Illinois, I, Daniel Troy, M.D., attest the Applicant's full anticipation that, by the end of the second year following the proposed ambulatory surgical treatment center's opening, the proposed facility will operate at or in excess of the utilization standards identified in 77 Ill. Admin. Code Section 1110, Appendix B.

Sincerely,


Daniel Troy, M.D.
Chief Executive Officer
Surgery Center of Illinois

Attachment 34 Availability of Funds

The total estimated project cost is \$6,413,247 and \$3,771,890 of that amount is attribute to construction and equipment purchases. Daniel Troy, M.D. will fund the project costs with a loan from Old National Bank. Dr. Troy has sufficient internal resources to fund any operating costs with cash and the letter of commitment from Old National Bank is enclosed to evidence his ability to obtain financing for the construction portion of the project costs.



August 29, 2022

Courtney Avery, Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery,

It is my understanding that Surgery Center of Illinois, LLC plans to establish an ambulatory surgical treatment center ("ASTC") located at 6701 W. 95th Street Oak Lawn, IL 60453. I further understand that Surgery Center of Illinois, LLC will require loan(s) for certain capital expenditures and equipment purchases for an amount not to exceed \$4,500,000.

Surgery Center of Illinois, LLC and Dr. Daniel Troy have been a good and valuable customer of Old National Bank for 20+ years. Should the Illinois Health Facilities and Services Review Board approve the proposed project and based upon the positive business experiences from working with Surgery Center of Illinois, LLC and Dr. Daniel Troy, Old National Bank is prepared to extend Surgery Center of Illinois, LLC up to \$4,500,000 in credit exposure to finance the ASTC project.

I trust that this letter is sufficient for your needs. Should you, or the Illinois Health Facilities and Services Review Board, have any questions or comments, please do not hesitate to contact me directly at 708-930-4620.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Oganovich".

Mark Oganovich
Senior Vice President
Healthcare Banking

**Attachment 36
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs**

Daniel Troy, M.D.
Khaled Almasoori, M.D.
Paul Danielsky, M.D.
Dana Berns, D.P.M



September 12, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Surgery Center of Illinois

II. Admin. Code Section 1120.120(a) Available Funds Certification

III. Admin. Code Section 1120.140(a) Reasonableness of Financing Arrangements

Dear Mr. Kniery,

As a representative of Surgery Center of Illinois, I, Daniel Troy, M.D., attest that I will fund the entirety construction costs with a loan from Old National Bank. The total project costs are estimated to be \$6,413,247, and are inclusive of the lease associated with the proposed facility. Further, I will fund the operating costs for the first year with existing cash, and that I have sufficient and readily accessible capital to fund my obligation. I certify that our analysis of the funding options for this project reflected that the funding strategy outlined herein is the lowest net cost option available.

Sincerely,

Daniel Troy, M.D.
Chief Executive Officer
Surgery Center of Illinois

**Attachment 36
Economic Feasibility
Cost and GSF by Service**

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)	
ASTC	\$358.04		2,723				\$974,933		\$974,933
Contingency	\$27.08		2,824				\$76,487		\$76,487
TOTALS	\$385.12		5,547				\$1,051,420		\$1,051,420

* Include the percentage (%) of space for circulation

Pursuant to Illinois Admin. Code Section 1120.Appendix A (a)(3) a project's cost must be at or below the RS Means for the new construction of an ASTC. At the time of this application the RS Means for the new construction of a ASTC in this area of the state is \$446.96 GSF. This project is slated to be completed in the 3rd quarter of 2024 and the applicable RS Means standard at the midway point of construction is \$460.37 per GSF. The proposed cost per GSF for this project is \$385.12, and thus this project meets the Board's criteria.

Attachment 37 Economic Feasibility

Financial Viability Ratios

Viability Ratio Calculations: Current Ratio

Current Assets/Current Liabilities

State Standard	Year 1	Year2	Year3	Met Standard?
>1.5	1.50	1.61	1.95	Yes

Surgery Center of Illinois, LLC meets the standard for Current Ratio.

Viability Ratio Calculations: Net Margin Percentage

(Net Income/Net Operating Revenues) X 100

State Standard	Year 1	Year 2	Year3	Met Standard?
>3.5%	18%	19%	23%	Yes

Surgery Center of Illinois, LLC meets meet the standard for Net Margin Percentage.

Viability Ratio Calculations: Long Term Debt to Capitalization

(Long-Term Debt/Long-Term Debt plus Net Assets) X 100

State Standard	Year 1	Year2	Year3	Met Standard?
<80%	79%	69%	55%	Yes

Surgery Center of Illinois, LLC meets the standard for Percent Debt to Total Capitalization.

Viability Ratio Calculations: Projected Debt Service Coverage

Net Income plus (Depreciation plus Interest plus Amortization)/Principal Payments plus Interest Expense for the Year of Maximum Debt Service after Project Completion

State Standard	Year 1	Year2	Year3	Met Standard?
21.75	1.9	2.5	3.2	Yes

Surgery Center of Illinois, LLC meets the standard for Projected Debt Service Coverage.

Viability Ratio Calculations: Days Cash on Hand

(Cash plus Investments plus Board Designated Funds)/(Operating Expense less Depreciation Expense)/365 days

State Standard	Year 1	Year2	Year3	Met Standard?
>45 days	77	121	249	Yes

Surgery Center of Illinois, LLC meets the standard for Days Cash on Hand.

Viability Ratio Calculations: Cushion Ratio

(Cash plus Investments plus Board Designated Funds)/(Principal Payments plus Interest Expense) for the year of maximum debt service after project completion.

State Standard	Year 1	Year2	Year3	Met Standard?
>3.0	7.1	7.9	9.8	Yes

Surgery Center of Illinois, LLC meets the standard for Cushion Ratio.

#22-045

Surgery Center of Illinois, LLC Projected Financial Statements			
	Projected	Projected	Projected
	Year 1	Year2	Year3
Revenue:			
Surgeries and Injections Service (charges)	4,132,037	4,338,639	4,555,571
Deductions From Revenue (insurance discounts)	<u>(1,652,815)</u>	<u>(1,735,456)</u>	<u>(1,822,228)</u>
Total Income	2,479,222	2,603,183	2,733,342
Expenses:			
Salaries	328,275	338,123	348,267
Bond Issuance Expense	0		
Repairs and Maintenance	37,826	38,960	40,129
Management Fees	157,530	162,256	167,124
Surgical Instruments/Supplies	239,929	247,127	254,541
Utilities	17,500	18,025	18,566
Rent Expense	286,695	286,695	286,695
Professional Fees	143,317	147,616	152,045
Insurance	25,000	25,750	26,523
Depreciation	179,612	179,612	179,612
Employee Benefits	66,206	68,192	70,238
General Admin	42,790	44,073	45,396
Taxes and Licenses	91,345	94,085	96,908
Interest Expense & Loan	400,912	400,912	400,912
Bad Debt Expenses	44,634	78,095	82,000
Other Expenses	25,000	25,000	25,000
Total Expenses	2,086,570	2,154,523	2,193,954
Net Income	392,652	448,660	539,389

Projected Balance Sheet			
	Year 1	Year 2	Year 3
ASSETS			
Current Assets			
Checking/Savings	350,000	572,264	1,200,536
Accounts Receivable	2,479,222	2,603,183	2,733,342
Total Current Assets	2,829,222	3,175,447	3,933,878
Fixed Assets			
Capital Expenditure	3,085,358	3,085,358	3,085,358
Furniture and Equipment Accumulated Depreciation	1,005,000	1,005,000	1,005,000
	-179,612	-359,223	-538,835
Total Fixed Assets	3,910,746	3,731,135	3,551,523
TOTAL ASSETS	6,739,968	6,906,582	7,485,401
LIABILITIES & EQUITY			
Liabilities	1,881,958	1,974,911	2,014,342
Current Liabilities			
Liabilities	1,881,958	1,974,911	2,014,342
Total Current Liabilities			
Long Tenn Liabilities	3,823,872	3,422,960	3,022,049
Loa	3,823,872	3,422,960	3,022,049
n Total Long Term Liabilities	5,705,831	5,397,872	5,036,391
Total Liabilities	266,486	667,398	1,068,309
Equity	392,652	841,313	1,380,701
Building & Equipment Retained	375,000	0	0
Earnings capital contribution	1,034,138	1,508,710	2,449,011
Total Equity	6,739,968	6,906,582	7,485,401
TOTAL LIABILITIES & EQUITY			

Attachment 38 Safety Net Impact Statement

Surgery Center of Illinois is a new entity and has no applicable historical data for this section of the application. However, it is anticipated that the proposed facility will not have a material impact on essential safety net services in the community.

Dr. Troy and his physicians in his practice, Advances Orthopedic & Spine Care (“AOSC”) have long maintained a commitment to serving diverse communities in Chicago and the Chicagoland area. Furthermore, the proposed facility intends to serve Medicaid patients which many area ASTCs do not. All patients will be welcome at the proposed facility without regard to their ability to pay for procedures.

The community and existing patient served by AOSC is both racially and economically diverse. This project is proposed to increase access to care within the community without materially impacting area facilities.

Attachment 39 Charity Care

Surgery Center of Illinois is a new entity and has no applicable historical data for this section of the application. The project patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net revenue by the end of its second year of operation are included below. These projections are based on the existing patient base treated by AOSC over the last 12 months.

Payor Type	Estimated Number of Patients	Expected Payor Mix by Percentage of Revenue
Commercial	58%-63%	70%-75%
Medicare	20-25%	20-25%
Medicaid/ Medicaid MCO	2-4%	1-2%
Tricare	0-1%	1%-2%
Worker's Compensation	17%-20%	7%-12%
Charitable Care	0-3%	-

**Attachment 40
Flood Zone Letter**

Daniel Troy, M.D.
Khaled Almansoori, M.D.
Paul Danielsky, M.D.
Dana Berns, D.P.M



September 12, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

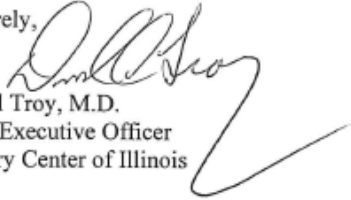
Re: Surgery Center of Illinois- Flood Plain Requirements

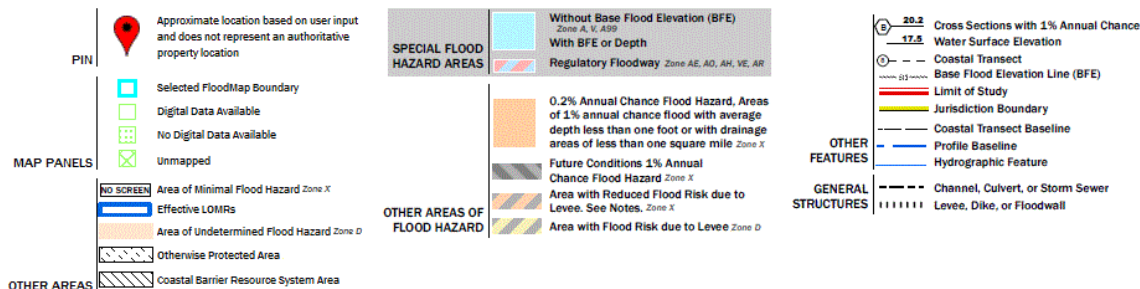
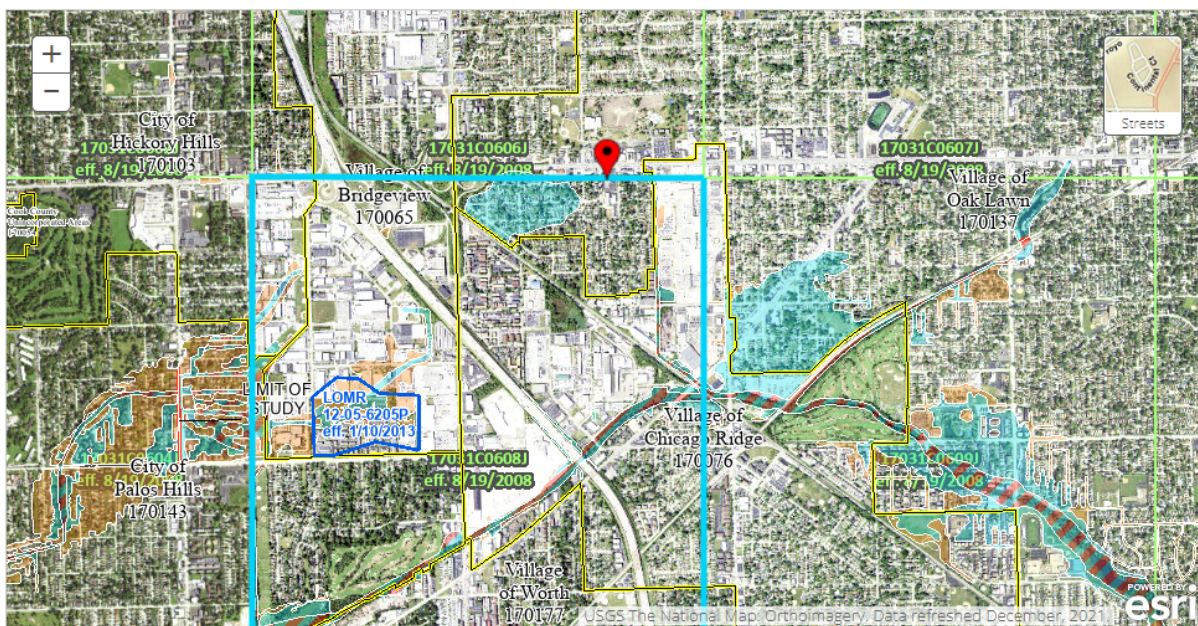
Dear Mr. Kniery:

As a representative of Surgery Center of Illinois, I, Daniel Troy, M.D., affirm that the proposed relocation for the facility complies with Illinois Executive Order #2005-5. The facility location at 6701 West 95th Street, Oak Lawn, IL 60453 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

I hereby certify this true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,


Daniel Troy, M.D.
Chief Executive Officer
Surgery Center of Illinois



INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	23-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30-31
6	Historic Preservation Act Requirements	32-40
7	Project and Sources of Funds Itemization	41-42
8	Financial Commitment Document if required	43
9	Cost Space Requirements	44
10	Discontinuation	n/a
11	Background of the Applicant	45-46
12	Purpose of the Project	47-59
13	Alternatives to the Project	60
14	Size of the Project	61
15	Project Service Utilization	62-64
16	Unfinished or Shell Space	65
17	Assurances for Unfinished/Shell Space	66
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	n/a
20	Comprehensive Physical Rehabilitation	n/a
21	Acute Mental Illness	n/a
22	Open Heart Surgery	n/a
23	Cardiac Catheterization	n/a
24	In-Center Hemodialysis	n/a
25	Non-Hospital Based Ambulatory Surgery	67-128
26	Selected Organ Transplantation	n/a
27	Kidney Transplantation	n/a
28	Subacute Care Hospital Model	n/a
29	Community-Based Residential Rehabilitation Center	n/a
30	Long Term Acute Care Hospital	n/a
31	Clinical Service Areas Other than Categories of Service	n/a
32	Freestanding Emergency Center Medical Services	n/a
33	Birth Center	n/a
	Financial and Economic Feasibility:	
34	Availability of Funds	129
35	Financial Waiver	n/a
36	Financial Viability	130-131
37	Economic Feasibility	132-134
38	Safety Net Impact Statement	135
39	Charity Care Information	136
40	Flood Plain Information	137-138