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February 5, 2024

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Via Email

Mr. Michael Constantino
Illinois Health Facilities and Services Review Board
545 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Pain and Spine Institute Surgery Center (Proj. No. 23-033)

Dear Mr. Constantino:

This letter is written in connection with the above referenced project for the establishment of a single specialty ambulatory surgical treatment center ("ASTC"). Specifically, the allocation of the construction and contingency costs for this project were revised and now conform with HFSRB requirements. Also, two additional CPT codes have been added to the proposed charge schedule. As these changes will not result in an increase in the cost of the project, this letter constitutes a Type B modification to the pending CON application for Pain and Spine Institute Surgery Center pursuant to Section 1130.650(b) of the HFSRB rules.

We have included the following items with this submission:

- Updated Project Costs and Sources of Funds schedule
- Updated Itemized Project Costs and Sources of Funds schedule (Attachment – 7)
- Updated Charge Commitment Table (Attachment – 25)
- Updated Reasonableness of Project Costs schedule (Attachment – 36)

1. Project Costs

As noted in the CON permit application, this project is for the establishment of a single-specialty ambulatory surgery center in Joliet. The surgery center will be in the same common

building, approximately thirty feet from the Pain & Spine Institute ("PSI") medical office where affiliated the physicians practice. The planned ASTC will be built in existing space which will be modernized. Based on that, the architect for the project recommended a 15% construction contingency to account for unexpected issues that may arise during demolition and construction. Given the total construction and contingency budget is below the State standard of $466.97, a decision was made to reallocate the costs to reduce the contingency and to increase the construction line item to better align these costs with the State standards.

2. Addition of CPT Codes and Associated Charge Schedule

In addition to including two additional CPT codes that were not included in the CON permit application, we have highlighted nine CPT codes in the updated charge commitment table that are required to be performed in a licensed setting. These procedures are not authorized to be performed in an office-based setting as they require a strict sterile setting with negative flow operating/procedure rooms with specialized equipment as well as specialized staff including nursing or appropriate and safe patient post-operative recovery. Even if they were appropriate for an office setting, the PSI office only has 575 GSF dedicated to its operating room and prep/recovery space and it cannot expand in the PSI office. To move the surgical space out of the PSI office to a more appropriate and ample space, it will not be adjacent to the PSI office. With this separation, IDPH requires that the space be licensed as it would be separated from the PSI office by other tenants.

These highlighted procedures are vertebroplasty and kyphoplasty procedures and are relatively new but well-studied techniques for the treatment of pain caused by vertebral body compression fractures (VCFs). VCFs are extremely prevalent and are a hallmark of osteoporosis. The overall age- and sex-adjusted incidence is 117 per 100 000 persons per year (145 per 100 000 women per year; 73 per 100 000 men per year). These fractures result in pronounced pain in addition to a negative impact on the patient's function and quality of life. Osteoporosis is the most frequent cause for VCFs and is the most important potentially modifiable risk factor for VCFs. Other etiologies, such as neoplasm, trauma, or underlying infection, may also predispose patients to fractures.

Conservative management (bracing and optimal pain management) usually does not provide adequate long-term pain control while increasing the mortality and morbidity risks of patients secondary to higher risks of cardiac complications and pneumonia. Moreover, surgical instrumentation has limited utility, as the fixation may not provide sufficient mechanical stability, resulting in residual pain. Pedicle screws have an additional risk of loosening in osteoporotic bone.

VCFs can be treated with these minimally invasive interventions. Vertebroplasty consists of positioning a trocar (range 8 to 13 gauge) within the vertebral body via a small skin puncture. Cement is then injected with a small cannula with image guidance (fluoroscopic or computed tomography). Kyphoplasty has similar steps to vertebroplasty; however, a cavity is created within the cancellous bone of the vertebral body prior to cement injection. This cavity can be created in various ways, including with a balloon and a mechanical bone tamp or other mechanical device(s), with the intent of restoring the vertebral body height before filling it with bone cement and are effective and safe procedures for treating vertebral compression fractures in the general population including the elderly. It provides immediate pain relief and allows early mobilization, thus avoiding potentially severe complications related to persistent back pain and prolonged bed rest. The PSI physicians have recently received additional training to provide these procedures.[1]

In the Joliet area, PSI physicians do not have access to operating rooms to do these important procedures. Notably, the PSI physicians are on staff at Ascension Saint Joseph Hospital ("Saint Joseph Hospital"), however, the PSI physicians' privileges at Saint Joseph Hospital are limited due to exclusivity arrangements Saint Joseph Hospital has with certain interventional radiology (IR) physicians. Specifically, the IR physicians have exclusivity at Saint Joseph Hospital to provide spinal fracture treatment and neurosurgery for spine surgery. As such, the privileges of the PSI physicians at Saint Joseph Hospital are limited to spinal cord stimulation procedures only and not the remaining approved procedures listed on the charge commitment table. Additionally, the PSI physicians have applied for privileges at Silver Cross Hospital ("SCH") but were denied because SCH does not have an open medical staff and is limiting access to its surgical facility to pain management physicians who already have privileges. In past years, non-profit hospitals were required to have open medical staffs where all qualified physicians were able to practice within their scope of expertise but in more recent years, hospitals are more regularly closing certain departments to favor a small group of physicians.

With such limitations in the Joliet area, to perform these advanced cases the physicians must schedule them in Orland Park, Oakbrook, or Chicago, requiring patients and the PSI physicians to travel 25-50 miles in each direction. Relative to a subset of the patients who have spinal fractures, it is not safe from them to travel extensive distances and, therefore, the only option is to refer these patients to physicians who are on staff for these procedures at either SCH or Saint Joseph Hospital.

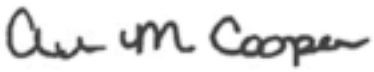
[1] The PSI physicians continually receive training on these advanced procedures. For example, on February 24, 2024, they will receive training on sacroiliac joint fusion (SI Joint Fusion) procedures.

Even if the PSI physicians were credentialed to perform all the highlighted procedures at Saint Joseph Hospital, hospital outpatient department rates are 50% higher than an ASTC, resulting in higher costs for employers, payors and patients/families. Moreover, general surgery, neurosurgery and orthopedic surgery procedures have preferential block time at these facilities, creating substantial surgical delays if those procedures run over the allotted time or there are operating room turnover delays. Finally, Saint Joseph Hospital's anesthesiology contract restricts elective case scheduling to after 3:00 p.m. and on weekends, which are not the most convenient times for patients particularly when fasting is necessary for safe anesthesia and a case is scheduled late in the day.

The inability to perform these procedures in a licensed surgery center in Joliet restricts the PSI physicians' ability to offer a high-quality/low-cost option for surgical procedures to their patients who reside in Joliet and the surrounding area and significantly decreases efficiencies in treating patients in severe pain in a timely and efficient manner. Having a single specialty ASTC will improve access to people in Joliet and surrounding areas.

Thank you for your time and attention to this matter. If you have any questions regarding any of the materials submitted, please feel free to contact me.

Sincerely



Anne M. Cooper

Attachments

cc: Jignesh Patel, PSISC

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	$8,776	$6,099	$14,875
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts	$599,028	$416,089	$1,015,117
Modernization Contracts			
Contingencies	$59,902	$41,608	$101,510
Architectural/Engineering Fees	$69,893	$48,570	$118,463
Consulting and Other Fees	40,000	28,000	68,000
Movable or Other Equipment (not in construction contracts)	$316,385	$17,357	$333,742
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$417,715	$290,277	$707,992
Other Costs to Be Capitalized*	$59,037	$5,963	$65,000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$1,570,736**	**$853,963**	**$2,424,699**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,093,984	$557,723	$1,651,707
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$417,715	$290,277	$707,992
Governmental Appropriations			
Grants			
Other Funds and Sources	$59,037	$5,963	$65,000
TOTAL SOURCES OF FUNDS	**$1,570,736**	**$853,963**	**$2,424,699**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

*****Net book value of existing equipment to be transferred to Pain & Spine Institute Surgery Center.

Section I, Identification, General Information, and Certification

Project Costs and Sources of Funds

Table 1120.110			
Project Costs	**Clinical**	**Non-Clinical**	**Total**
Pre-Planning Costs	$8,776	$6,099	$14,875
New Construction Contracts	$599,028	$416,089	$1,015,117
Contingencies	$59,902	$41,608	$101,510
Architectural/Engineering Fees	$69,893	$48,570	$118,463
Consulting and Other Fees	$40,000	$28,000	$68,000
Moveable and Other Equipment			
Clock: Payroll		$833	$833
CART: Crash	$1,482		$1,482
CART: Crash Accessory Package	$444		$444
Warming Cabinet	$4,856		$4,856
Bucket, Utility with Wheels		$138	$138
CART: Linen w/cover		$922	$922
HAMPER: Trash/Linen		$1,000	$1,000
CHAIR: Task		$1,252	$1,252
CHAIR: Visitor		$777	$777
Data Voice Security System	$52,000		$52,000
Exam Table	$6,105		$6,105
WASTEBASKET, TRASH		$233	$233
REFRIGERATOR: Medical, full size, high/low temp	$3,592		$3,592
ASPIRATOR, PORTABLE SUCTION	$389		$389
ICE MACHINE		$500	$500
Narcotic Cabinet, Double Door	$763		$763
REFRIGERATOR: Undercounter		$1,288	$1,288
SCALE: Digital	$303		$303
STETHOSCOPE	$50		$50
THERMOMETER: Electric	$120		$120
WOW Cart	$4,601		$4,601
Anesthesia Machine	$26,529		$26,529
Anesthesia Machine: ePM AG Module	$4,472		$4,472
Anesthesia Machine: ePM 12MA, Maismo SPO2	$4,562		$4,562
CART, Utility	$423		$423
CART: Anesthesia	$1,548		$1,548
Clock	$83		$83
Glidescope Handle	$4,163		$4,163
Glidescope Laryngoscope	$3,136		$3,136

Table 1120.110			
Project Costs	**Clinical**	**Non-Clinical**	**Total**
Glidescope Stand	$389		$389
IV STAND	$717		$717
KICKBUCKET w/ wheels	$228		$228
MAYO STAND, foot controlled, SS, 12x19	$1,321		$1,321
Medical Gas System	$75,000		$75,000
Nurse Call System	$26,500		$26,500
O2 Sensor	$2,109		$2,109
SURGICAL LIGHTS	$23,857		$23,857
Pump, Infusion, IV POLE	$139		$139
Pump, Infusion, SMART PLATE	$416		$416
Pump, Infusion, Syringe	$5,800		$5,800
STEP STOOL, Bariatric w/handrail	$133		$133
STOOL ARM, Surgical	$389		$389
STOOL BACKREST, Surgical	$472		$472
STOOL, Pneumatic w/ Backrest	$999		$999
STOOL, Pneumatic w/o Backrest	$272		$272
STOOL, Surgical	$3,572		$3,572
TABLE, instruments 24x36x34	$1,194		$1,194
TABLE, Surgical	$20,241		$20,241
TABLE, Utility	$738		$738
ECG EKG Machine	$2,214		$2,214
STRETCHER	$25,042		$25,042
CHAIR: Visitor w/o arms		$783	$783
CUBICLE CURTAINS: Curtains Only		$2,638	$2,638
Table, overbed, H base	$460		$460
Quick Rinse Cleaning System	$2,436		$2,436
Shelving, Wire, Floor Mounted (36/14/54)		$297	$297
ULTRASONIC CLEANER; 22L	$1,293		$1,293
WASTEBASKET, MEDICAL		$249	$249
WRAP RACK		$660	$660
CHAIR: Café		$1,021	$1,021
Coffee Maker		$83	$83
REFRIGERATOR: Medical, Undercounter	$833		$833
Table: Café		$555	$555
CHAIR: Visitor		$2,718	$2,718
TABLE, END		$605	$605
Wheelchair		$527	$527
Wheelchair, Silver Sport		$278	$278
Total Moveable & Other Equipment	$316,385	$17,357	$333,742
Fair Market Value of Leased Space	$417,715	$290,277	$707,992
Other Costs to be Capitalized			
Defibrillator	$500		$500
Interventional Spine RF Generator System	$2,500		$2,500
Vitals Monitor	$600		$600
C-Arm	$20,000		$20,000
C-Arm Table	$7,500		$7,500
Electrosurgical Generator	$3,500		$3,500
Suction Machine	$500		$500
Spore Testing Machine	$50		$50

Table 1120.110			
Project Costs	**Clinical**	**Non-Clinical**	**Total**
Autoclave	$3,000		$3,000
Vitals Monitor	$350		$350
Spot Vitals Monitor (4)	$3,000		$3,000
Recovery Gurnee (2)	$1,000		$1,000
Pre/Post OP Recliner (500 lbs) (2)	$1,500		$1,500
Pre/Post OP Recliner (250 lbs) (2)	$1,000		$1,000
Other	$14,037	$5,963	$20,000
Total	$59,037	$5,963	$65,000
Total Project Costs	**$1,570,736**	**$853,963**	**$2,424,699**

Section VI, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(9), Charge Commitment

1. A list of the procedures to be performed at Pain & Spine Institute Surgery Center with the proposed charges is provided in Table 1110.235(c)(9) below.

Table 1110.235(c)(9)
Pain & Spine Institute Surgery Center

CPT Code	Description	Charge
11042	Debridement, subcutaneous tissue (includes epidermis and de...	$550.00
15002	Surgical preparation or creation of recipient site by excis...	$1,000.00
15275	Application of skin substitute graft to face, scalp, eyelid...	$1,000.00
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femor...	$3,000.00
20526	INJ THERAPUTIC CARPAL TUNNEL	$1,500.00
20550	INJ THERAPUTIC / TENDON SHEATH, LIGAMENT EACH LEVEL	$1,500.00
20552	INJ SINGLE / MULTIPLE TRIGGER POINT 1 TO 2 MUSCLES	$2,000.00
20553	INJ SINGLE / MULTIPLE TRIGGER POINT 3 + MUSCLES	$2,000.00
20600	DRAIN / INJECTION SMALL JOINT / BURSA	$2,000.00
20604	Arthrocentesis, aspiration and/or injection, small joint or...	$1,500.00
20605	ARTHRORCENTESIS ASPIRATIONOR INJECTION INTERMEDIATE JOINT O...	$2,000.00
20606	Arthrocentesis, aspiration and/or injection, intermediate j...	$2,000.00
20610	ARTHROCENTESIS ASPIRATION OR INJECTION MAJOR JOINT OR BURSA	$2,000.00
20611	ARTHROCENTESIS ASPIRATION AND/OR INJ W/US GUIDE W/PERM RECO...	$2,000.00
20680	Removal of implant; deep (eg, buried wire, pin, screw, meta...	$2,000.00
20930	ALLOGRAFT OR OSTEOPROMOTIVE MATERIAL	$12,000.00
20936	Autograft for spine surgery only (includes harvesting the g...	$2,300.00
20937	Autograft for spine surgery only (includes harvesting the g...	$2,300.00
22114	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT LUMBAR	$10,000.00
22116	EACH ADDITIONAL VETEBRAL SEGEMENT	$10,000.00
22510	Percutaneous vertebroplasty (bone biopsy included when perf...	$2,400.00
22511	Percutaneous vertebroplasty (bone biopsy included when perf...	$2,400.00
22512	Percutaneous vertebroplasty, 1 vertebral body, unilateral o...	$2,120.00
22513	Percutaneous vertebral augmentation, including cavity creat...	$4,000.00
22514	Percutaneous vertebral augmentation, including cavity creat...	$4,000.00
22515	Percutaneous vertebral augmentation, including cavity creat...	$2,400.00
22551	Arthrodesis, anterior interbody, including disc space prepa...	$4,500.00
22552	Arthrodesis, anterior interbody, including disc space prepa...	$2,300.00
22633	ARTHRODESIS COMBINED POSTERIOR OR POSTEROLATERAL INCLUDING ...	$20,000.00
22634	ADDITIONAL INTERSPACE AND SEGMENT	$20,000.00
22840	Posterior non-segmental instrumentation	$2,300.00
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VERTEBRAL SEGMENTS	$15,000.00
22845	Anterior instrumentation; 2 to 3 vertebral segments (List s...	$3,500.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	**Description**	**Charge**
22851	APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE	$7,500.00
22852	Removal of posterior segmental instrumentation	$10,000.00
22853	Insertion of interbody biomechanical device with integral a...	$7,000.00
22869	Insertion of interlaminar/interspinous process stabilizatio...	$40,000.00
22870	Insertion of interlaminar/interspinous process stabilizatio...	$7,000.00
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC STEROI...	$2,800.00
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally in...	$54,500.00
27280	Arthrodesis, open, sacroiliac joint, including obtaining bo...	$6,800.00
27658	Repair, flexor tendon, leg; primary, without graft, each te...	$3,000.00
27659	Repair, flexor tendon, leg; secondary, with or without graf...	$3,000.00
27675	Repair, dislocating peroneal tendons; without fibular osteo...	$1,500.00
27822	Open treatment of trimalleolar ankle fracture, includes int...	$9,000.00
27829	Open treatment of distal tibiofibular joint (syndesmosis) d...	$4,000.00
28008	Fasciotomy, foot and/or toe [Toggle Dictionary Definitions]	$3,100.00
28020	Arthrotomy, including exploration, drainage, or removal of ...	$2,500.00
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; ...	$3,000.00
28041	Excision, tumor, soft tissue of foot or toe, subfascial (e.g.,	$2,000.00
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; ...	$3,000.00
28108	Excision or curettage of bone cyst or benign tumor, phalang...	$2,500.00
28110	Ostectomy, partial excision, fifth metatarsal head (bunione...	$4,000.00
28113	Ostectomy, complete excision; fifth metatarsal head	$4,500.00
28153	Resection, condyle(s), distal end of phalanx, each toe [Tog...	$4,200.00
28193	Removal of foreign body, foot; complicated	$1,589.69
28200	Repair, tendon, flexor, foot; primary or secondary, without...	$3,000.00
28306	Osteotomy, with or without lengthening, shortening or angu...	$4,100.00
28315	Sesamoidectomy, first toe (separate procedure)	$2,500.00
28615	Open treatment of tarsometatarsal joint dislocation, includ...	$5,000.00
28825	Amputation, toe; interphalangeal joint	$4,000.00
29515	Application of short leg splint (calf to foot)	$500.00
62194	REPLACEMENT OR IRRIGATION SUBARACHNOID / SUBDURAL CATHETER	$2,000.00
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	$3,500.00
62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	$2,200.00
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	$3,200.00
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	$3,200.00
62310	NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC	$2,200.00
62311	NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL	$2,200.00
62320	Injection(s), not including neurolytic substances, includin...	$3,950.00
62321	Injection(s), of diagnostic or therapeutic substance includ...	$3,950.00
62322	Injection, of diagnostic or therapeutic substance including...	$3,950.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	**Description**	**Charge**
62323	Injection(s) of diagnostic or therapeutic substance, includ...	$3,950.00
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	$10,000.00
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	$6,000.00
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	$75,000.00
62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	$10,000.00
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	$5,000.00
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	$1,000.00
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	$20,000.00
63042	Arthrodesis, combined posterior or posterolateral technique...	$16,750.00
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	$6,000.00
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	$16,000.00
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	$8,000.00
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	$6,000.00
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRA...	$20,500.00
63655	Laminectomy for implantation of neurostimulator electrodes...	$6,000.00
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANIOUS AR...	$12,000.00
63662	Removal of spinal neurostimulator electrode plate/paddle(s)...	$15,000.00
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL N...	$15,000.00
63664	Revision including replacement, when performed, of spinal n...	$5,000.00
63685	INSJ/RPLCMT SPI NPGR DIR/INDUCTIVE COUPLING	$70,000.00
63688	REMOVAL/REVISION OF SPINAL CORD STIMULATOR GENERATOR	$10,080.00
64400	TRIGEMINAL NERVE BLOCK	$1,800.00
64402	NJX OCCIPITAL NERVE BLOCKS	$2,000.00
64405	NJX ANES GREATER OCCIPITAL NRV BLCK	$2,000.00
64417	NJX NRV BLCK, AXILLARY	$2,000.00
64418	NJX ANES SUPRASCP NRV	$2,000.00
64420	NJX NRV BLOCK, INTERCOSTAL, SNGL	$2,000.00
64421	NJX GENITOFEMORAL NRV, INTERCOSTAL MULTPL	$2,200.00
64425	PUDENDAL NRV BLK	$2,000.00
64430	PUDENDAL NERVE BLOCK	$2,000.00
64435	INJ ANESTHETIC AGENT PARACERVICAL NRV	$1,500.00
64445	NJX, ANES AGNT SCIATIC NRV, SNGL	$1,500.00
64447	NJX, ANES AGNT FERMORAL NRV, SNGL	$2,000.00
64450	NJX NRV BLCK, PERIPH NRV	$2,000.00
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves in...	$1,000.00
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular...	$1,000.00
64455	NJX, ANES STEROID, PLNTR COMMON DGT NRV	$1,500.00
64461	Paravertebral block (PVB) (paraspinous block), thoracic; si...	$250.00
64462	Paravertebral block (PVB), thoracic; second and any additio...	$250.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	**Description**	**Charge**
64479	NJX, ANES/STEROID, TRSMRL EPI, CVR/THRC, SNGL LVL	$3,000.00
64480	NJX, ANES/STEROID, TRSMRL EPI, CRV/THRC EA ADD LVL	$3,000.00
64483	NJX, ANES/STEROID TRSFRML EPI, LMBR/SAC, SNGL LVL	$3,000.00
64484	NJX, ANES/STEROID, TRSFRML EPI LMBR/SAC ADDL LVL	$3,000.00
64486	Transversus abdominis plane (TAP) block (abdominal plane bl...	$2,200.00
64490	NJX ANES/STEROID PRVRT FACET JT NRV CRV/THRC SNGL LVL	$4,500.00
64491	NJX ANES/STEROID PRVRT FACET JT NRV CRV/THRC 2ND LVL	$3,200.00
64492	NJX ANES/STEROID PRVRT FACET JT NRV CRV/THRC 3RD+ EA ADDL L...	$3,200.00
64493	NJX ANES/STEROID PRVRT FACET JT NRV LMBR/SAC SNGL LVL	$4,500.00
64494	NJX ANES/STEROID PRVRT FACET JT NRV LMBR/SAC 2ND LVL	$3,200.00
64495	NJX ANES/STEROID PRVRT FACET JT NRV LMBR 3RD+ EA ADDL LVL	$3,200.00
64499	Percutaneous Electrical Nerve Stimulation	$20,000.00
64505	NJX ANES AGNT SPHENOPALATINE GANGLION	$3,000.00
64510	NJX NRV BLCK, STELLATE GANGLION	$3,000.00
64517	SYMPTH NRV BLCK INF HYPOGCTRC PELXUS	$3,200.00
64520	NJX NRV BLCK, PRVRT SYMPATHETIC	$3,000.00
64530	NJX ANES AGNT CELIAC PLEXUS	$3,000.00
64555	Percutaneous implantation of neurostimulator electrode arra...	$7,000.00
64585	Revision or removal of peripheral neurostimulator electrode...	$1,800.00
64590	Insertion or replacement of peripheral or gastric neurostim...	$30,000.00
64595	Revision or removal of peripheral or gastric neurostimulato...	$2,050.00
64600	Destruction by neurolytic agent, trigeminal nerve; supraorb...	$1,000.00
64612	Chemodenervation of muscle(s); muscle(s) innervated by faci...	$147.54
64616	DESTRUCTION OF NEUROLYTIC AGNT, NECK MSCL	$2,500.00
64620	DSTRJ NEUROLYTIC AGNT, INTERCOSTAL NRV	$3,500.00
64624	Destruction by neurolytic agent, genicular nerve branches i...	$1,000.00
64630	DSTRJ RF LESIONING PUDENDAL NRV	$4,500.00
64633	DSTRJ NEUROLYTIC AGNT CRV/THRC SNGL LVL	$5,400.00
64634	CERVICAL OR THORACIC, EA ADDL FACET JNT	$3,200.00
64635	DSTRJ NEUROLYTIC AGNT LMBR/SAC SNGL LVL	$5,400.00
64636	DSTRJ NEUROLYTIC AGNT LUMBAR/SAC EA ADDL LVL	$3,200.00
64640	DSTRJ NEUROLYTIC AGNT OTHER PERIPHERAL NRV	$3,000.00
64646	CHEMODENERVATION OF TRUNK MUSCLES 1-5 MUSCLES	$3,000.00
64680	DSTRJ NEUROLYTIC AGENT SPLANCHNIC PLEXUS	$2,000.00
64681	DSTRJ NEUROLYTIC AGNT GANGLION IMPAR	$2,000.00
64704	Neuroplasty; nerve of hand or foot	$3,000.00
64721	Neuroplasty and/or transposition; median nerve at carpal tu...	$3,000.00
64999	Peripheral Nerve Stim	$20,500.00
69990	microsurgery add-on	$2,300.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	**Description**	**Charge**
72275	EPIDUROGRAPHY	$750.00
72295	Discography, lumbar, radiological supervision and interpret...	$750.00
76000	Fluoroscopy (separate procedure), up to 1 hour physician or...	$700.00
76942	ULTRASONIC GUIDED NDL PLCMENT	$900.00
77003	LCLJX W/FLUOROSCOPY	$750.00
95907	NERVE CONDUCTION STUDY; 1-2	$800.00
95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN OPE...	$625.00
95941	CONTINUIOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN OP...	$800.00
0275T	Percutaneous laminotomy/laminectomy for decompression of ne...	$12,000.00
C1762	CONN TISS, HUMAN (INC FASCIA)	$8,995.00
C1769	GUIDE WIRE	$330.00
E0445	OXIMETER NON-INVASIVE	$350.00
E0786	IMPLANTABLE PROGRAMABLE INFUSION PUMP REPLACEMENT	$22,000.00
G0260	INJ FOR SACROILIAC JT	$700.00
J0585	INJECTION, ONABOTULINUMTOXINA	$850.00
J0670	INJ MEPIVACAINE HCL/10 ML	$101.00
J0690	CEFAZOLIN SODIUM INJECTION	$49.00
J0702	BETAMETHASONE ACET&SOD PHOSP	$102.00
J1100	DEXAMETHASONE SODIUM PHOS	$102.00
J1170	DILAUDID	$50.00
J1200	DIPHENHYDRAMINE HCL INJECTIO	$150.00
J1790	DROPERIDOL	$70.00
J1885	KETOROLAC TROMETHAMINE INJ	$22.00
J2001	LIDOCAINE INJECTION	$40.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE	$125.00
J2270	MORPHINE SULFATE INJECTION	$500.00
J2310	INJ NALOXONE HYDROCHLORIDE	$100.00
J2405	ONDANSETRON HCL INJECTION	$150.00
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	$30.00
J2765	METOCLOPRAMIDE HCL INJECTION	$300.00
J2780	RANITIDINE HYDROCHLORIDE INJ	$15.00
J3010	FENTANYL CITRATE INJECITON	$101.00
J3301	TRIAMCINOLONE ACET INJ NOS	$175.00
J7643	GLYCOPYRROLATE COMP UNIT	$41.00
J8540	Decadron	$35.00
L8680	IMPLT NEUROSTIM ELCTR EACH	$8,000.00
L8683	Radiofrequency transmitter (external) for use with implanta...	$19,000.00
L8685	Implantable neurostimulator pulse generator, single array, ...	$18,645.00
L8687	IMPLT NROSTM PLS GEN DUA REC	$40,200.00

Table 1110.235(c)(9) Pain & Spine Institute Surgery Center		
CPT Code	**Description**	**Charge**
L8688	IMPLT NROSTM PLS GEN DUA NON	$40,200.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	$3,300.00
Q9953	INJ FE-BASED MR CONTRAST, 1ML	$425.00
S0020	INJECTION, BUPIVICAINE HYDRO	$50.00
S0077	INJECTION, CLINDAMYCIN PHOSP	$150.00
S0093	MORPHINE 500 MG	$5,000.00

2. A letter from Pain & Spine Institute Surgery Center committing to maintain the above charges for the first two years of operation is attached at Attachment – 25G.

Section IX Economic Feasibility
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1.

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)	
Reviewable									
ASTC		$406.12			1,475			$599,028	$599,028
Contingency		$40.61			1,475			$59,902	$59,902
Total – Reviewable		**$446.73**			**1,475**			**$658,930**	**$658,930**
Non-Reviewable									
Administration		$405.94			1,025			$416,089	$416,089
Contingency		$40.59			1,025			$41,608	$41,608
Total – Non-Reviewable		**$446.53**			**1,025**			**$457,697**	**$457,697**
TOTALS		**$446.65**			**2,500**			**$1,116,627**	**$1,116,627**
* Include the percentage (%) of space for circulation									

2. As shown in Table 1120.140(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed ASTC	**State Standard**	**Above/Below State Standard**
Preplanning Costs	$8,776	1.8% x (New Construction + Contingencies +Equipment Costs) = 1.8% x ($607,765 + $91,165 + $510,000) = 1.8% x $1,208,930 = $21,760.74	Below

Table 1120.310(c)			
	Proposed ASTC	**State Standard**	**Above/Below State Standard**
New Construction + Contingencies	$658,930	$466.97 x 1,475 GSF = $668,780.75	Below
Contingencies	$59,902	10% x $599,028 = $59,902.80	Meets
Architectural/ Engineering Fees	$69,893	8.21% - 12.33% x (New Construction + Contingencies) = 8.21% - 12.33% x ($572,983 + $85,947) = 8.21% - 12.33% x $698,930= $54,098.15 - $81,246.07	Meets
Consulting & Other Fees	$40,000	No State Standard	No State Standard
Moveable or Other Equipment	$316,385	$567,748.34 per operating room	Below
Fair Market Value of Leased Space	$417,715	No State Standard	No State Standard
Other Costs to be Capitalized	$59,037	No State Standard	No State Standard