

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: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville 60048		
County: Lake County	Health Service Area: 008	Health Planning Area: A-09

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

Exact Legal Name: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville 60048		
Name of Registered Agent: CT Corp		
Registered Agent Street Address: 208 LaSalle Street		
Registered Agent City and Zip Code: Chicago 60604		
Name of Chief Executive Officer: Dean J. Michal		
CEO Street Address: 6081 Clubhouse Ct		
CEO City and Zip Code: Gurnee 60031		
CEO Telephone Number: (309) 826-4312		

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
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:

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: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville 60048		
County: Lake County	Health Service Area: 008	Health Planning Area: A-09

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

Exact Legal Name: Advocate-SCA Partners, LLC		
Street Address: 569 Brookwood Village, Suite 901		
City and Zip Code: Birmingham, AL 35209		
Name of Registered Agent: CT Corporation System		
Registered Agent Street Address: 208 S. LaSalle Street, Ste 814		
Registered Agent City and Zip Code: Chicago 60604		
Name of Manager: Ryan Brown		
Manager Street Address: 569 Brookwood Village, Suite 901		
Manager City and Zip Code: Birmingham 35209		
Manager Telephone Number: (239) 963-7365		

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
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 South Wacker Drive, 16th Floor, 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) 767-9162

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:

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: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville 60048		
County: Lake County	Health Service Area: 008	Health Planning Area: A-09

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

Exact Legal Name: Surgical Care Affiliates, LLC		
Street Address: 569 Brookwood Village, Ste 901		
City and Zip Code: Birmingham 35209		
Name of Registered Agent: CT Corporation System		
Registered Agent Street Address: 208 S. LaSalle Street, Ste 814		
Registered Agent City and Zip Code: Chicago 60604		
Name of Chief Executive Officer: Jason Strauss		
CEO Street Address: 569 Brookwood Village, Ste 901		
CEO City and Zip Code: Birmingham 35209		
CEO Telephone Number: (239) 963-7365		

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
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 South Wacker Drive, 16th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4967 ad (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9162

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:

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: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville 60048		
County: Lake County	Health Service Area: 008	Health Planning Area: A-09

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

Exact Legal Name: Evangelical Services Corporation		
Street Address: 3075 Highland Parkway, Suite 600		
City and Zip Code: Downers Grove 60515		
Name of Registered Agent: Michael Kerns		
Registered Agent Street Address: 3075 Highland Parkway, Suite 600		
Registered Agent City and Zip Code: Downers Grove 60515		
Name of Chief Executive Officer: Denise Keefe		
CEO Street Address: 3075 Highland Parkway, Suite 600		
CEO City and Zip Code: Downers Grove 606515		
CEO Telephone Number: (630) 572-9393		

Type of Ownership of Applicants

☐ Non-profit Corporation ☒ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
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 South Wacker Drive, 16th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4967 ad (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9162

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

Name: Myndee Balkan
Title: Health Facility Planning, Director
Company Name: Advocate Aurora Health, Inc
Address: 3075 Highland Parkway, Suite 600, Downers Grove, IL 60515
Telephone Number: (847) 721-0376
E-mail Address: myndee.balkan@aah.org
Fax Number: N/A

**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: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville 60048		
County: Lake County	Health Service Area: 008	Health Planning Area: A-09

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

Exact Legal Name: CASC, LLC	
Street Address: 20 Tower Court, Suite A	
City and Zip Code: Gurnee 60048	
Name of Registered Agent: Amit Parikh, M.D.	
Registered Agent Street Address: 20 Tower Court, Suite A	
Registered Agent City and Zip Code: Gurnee 60031	
Name of Manager: Amit Parikh, M.D.	
Manager Street Address: 20 Tower Court, Suite A	
Manager City and Zip Code: Gurnee, 60031	
Manager Telephone Number: (847) 362-2900	

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ Sole Proprietorship	☐ Other
- Corporations and limited liability companies must provide an Illinois certificate of good standing. - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amit Parikh, MD
Title: Manager
Company Name: CASC, LLC
Address: 20 Tower Court, Suite A, Gurnee, IL 60031
Telephone Number: (847) 362-2900
E-mail Address: n/a
Fax Number: n/a

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

Name: Juan Morado, Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 South Wacker Drive, 16th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4967 ad (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9162

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: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville, IL 60048		
County: Lake County	Health Service Area: 008	Health Planning Area: A-09

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

Exact Legal Name: Neuro II, LLC		
Street Address: 712 S Milwaukee Ave		
City and Zip Code: Libertyville, IL 60048		
Name of Registered Agent: Betsy Matthews		
Registered Agent Street Address: 712 South Milwaukee Avenue		
Registered Agent City and Zip Code: Libertyville 60048		
Name of Manager: Jonathon Citow, M.D.		
Manager Street Address: 716 South Milwaukee Avenue		
Manager City and Zip Code: Libertyville, 6048		
Manager Telephone Number: (847) 362-2900		

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
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: Jonathon Citow, MD
Title: Manager
Company Name: Neuro II, LLC
Address: 716 South Milwaukee Avenue Libertyville, IL 60048
Telephone Number: (847) 362-2900
E-mail Address: n/a
Fax Number: n/a

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

Name: Juan Morado, Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 South Wacker Drive, 16th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4967 ad (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9162

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: Advocate Condell Ambulatory Surgery Center, LLC		
Street Address: 825 S. Milwaukee Ave		
City and Zip Code: Libertyville 60048		
County: Lake County	Health Service Area: 008	Health Planning Area: A-09

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

Exact Legal Name: Surgicenter Holdings, LLC		
Street Address: 712 S Milwaukee Ave		
City and Zip Code: Libertyville, IL 60048		
Name of Registered Agent: Betsy Matthews		
Registered Agent Street Address: 712 South Milwaukee Avenue		
Registered Agent City and Zip Code: Libertyville, IL 60048		
Name of Manager: Jonathon Citow, M.D.		
Manager Street Address: 716 South Milwaukee Avenue		
Manager City and Zip Code: Libertyville, 6048		
Manager Telephone Number: (847) 362-2900		

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
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: Jonathon Citow, MD
Title: Manager
Company Name: Neuro II, LLC
Address: 716 South Milwaukee Avenue Libertyville, IL 60048
Telephone Number: (847) 362-2900
E-mail Address: n/a
Fax Number: n/a

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

Name: Juan Morado, Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 South Wacker Drive, 16th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4967 ad (312) 212-4952
E-mail Address: JMorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9162

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

Name: Dean J. Michal
Title: CEO
Company Name: Advocate Condell Ambulatory Surgery Center
Address: 825 S. Milwaukee Ave. Libertyville, IL 60048
Telephone Number: (224) 504-2215
E-mail Address: dean.michal@scasurgery.com
Fax Number: (224)- 504-2201

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Condell Medical Center
Address of Site Owner: 825 S Milwaukee Ave, Libertyville, IL 60048
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: Advocate Condell Ambulatory Surgery Center, LLC			
Address: 825 S Milwaukee Ave, Libertyville, IL 60048			
☐	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☒	Limited Liability Company	☐	Sole Proprietorship
		☐	Other
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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.

Advocate Condell Ambulatory Surgical Center, LLC proposes to add the Pain Management category of service to their existing ambulatory surgical treatment center ("ASTC") located at 825 South Milwaukee Avenue in Libertyville, Illinois 60048.

The existing ASTC has three (3) operating rooms and there are no construction or equipment costs related to the addition of the Pain Management category of service. The proposed project does not propose to establish a new category of service or a new health care facility as defined by the Illinois Health Facilities Planning Act and thus is a non-substantive project.

Project Costs and Sources of Funds – NOT APPLICABLE

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

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

Related Project Costs – NOT APPLICABLE

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

Land acquisition is related to project	☐ Yes	☒ No
Purchase Price:	Not Applicable	
Fair Market Value:	Not Applicable	
The project involves the establishment of a new facility or a new category of service.		
☐ Yes ☒ No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is Not Applicable.		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- ☒ None or not applicable
 ☐ Preliminary
☐ Schematics
 ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): Upon Approval of Licensure by IDPH or March 1, 2024.

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **NOT APPLICABLE**

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?

- ☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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							
ASTC	-	8,000	-	-	-	8,000	-
Total Clinical	-	8,000	-	-	-	8,000	-
NON-REVIEWABLE							
Administrative	-	3,000	-	-	-	3,000	-
Total Non-clinical	-	3,000	-	-	-	3,000	-
TOTAL	-	11,000	-	-	-	11,000	-
APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Facility Bed Capacity and Utilization

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: Advocate Condell Surgery Center			CITY: Libertyville		
REPORTING PERIOD DATES:		From: January 2022		to: December 2022	
Category of Service	Authorized Operating Rooms	Number of Cases	Hours Utilized	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- ASTC	3	2,022	2,216	-	-
TOTALS:	3	2,022	2,216	-	-

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

Michelle Remsen
SIGNATURE

Michelle Remsen
PRINTED NAME

Director Operations, SCA
PRINTED TITLE

D. J. Michal
SIGNATURE

Dean J. Michal
PRINTED NAME

CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 17 day of August

Jack Lesater

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

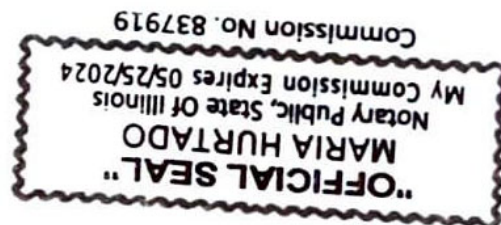
Notarization:

Subscribed and sworn to before me
this 21 day of August 2023

Maria Hurtado

Signature of Notary

Seal



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 Advocate-SCA Partners, 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.

Michelle Remsen
SIGNATURE

Ryan Brown
SIGNATURE

Michelle Remsen
PRINTED NAME

Ryan Brown
PRINTED NAME

Director Operations SCA
PRINTED TITLE

VP - SCA
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of August

Notarization:
Subscribed and sworn to before me
this 24 day of August

Jack Lasater
Signature of Notary
Seal
Official Seal
Jack Lasater
Notary Public State of Illinois
My Commission Expires 3/22/2027

Quanan Kulcsar
Signature of Notary
Seal
QUANAN KULCSAR NOTARY PUBLIC EXP 10/14/2025

*Insert the EXACT legal name of the applicant.

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 Surgical Care Affiliates, LLC, d/b/a SCA Health, and, 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.

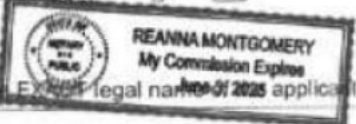
[Signature]
SIGNATURE

LADD MARK
PRINTED NAME

VP
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2023

[Signature]
Signature of Notary

Seal
*Insert the Exact legal name of applicant


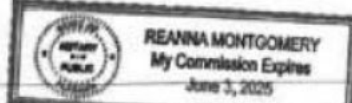
[Signature]
SIGNATURE

JORDAN JONES
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2023

[Signature]
Signature of Notary

Seal


CERTIFICATION

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

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

This Application is filed on the behalf of Evangelical Services Corporation 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.

Denise Keefe
SIGNATURE

Denise Keefe

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

Michael Kerns

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9th day of September 2023

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

MELISSA L. SANCHEZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 16, 2023

*Insert the EXACT legal name of the applicant

Signature of Notary

Seal

CERTIFICATION

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

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

This Application is filed on the behalf of Evangelical Services Corporation 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

Denise Keefe

PRINTED NAME

President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

SIGNATURE

Michael Kerns

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 1st day of September 2023

Signature of Notary

Seal

MELISSA L SANCHEZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 16, 2023

CERTIFICATION

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

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

This Application is filed on the behalf of CASC, 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.

Amir Parikh
SIGNATURE

AMIT PARIKH
PRINTED NAME

Manager CASC, LLC
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of August in
Lake County, IL

Natalie R. Torres
Signature of Notary



*Insert the official legal name of the applicant

[Signature]
SIGNATURE

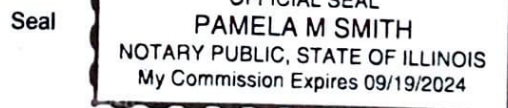
JUSTIN COHEN
PRINTED NAME

Manager
PRINTED TITLE
State of Illinois
County of Lake

Notarization:

Subscribed and sworn to before me
this 31 day of August 2023

Pamela M Smith
Signature of Notary



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 Neuro II, 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.

Juan Alzate
SIGNATURE

Juan Alzate
PRINTED NAME

Member
PRINTED TITLE

State of Illinois
County of Lake

Notarization:

Subscribed and sworn to before me
this 31 day of August 2023

Jonathan Citow
SIGNATURE

Jonathan Citow
PRINTED NAME

Member
PRINTED TITLE

State of Illinois
County of Lake

Notarization:

Subscribed and sworn to before me
this 31 day of August 2023

Pamela M Smith
Signature of Notary

Signature of Notary

Seal

OFFICIAL SEAL
PAMELA M SMITH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 09/19/2024

Pamela M Smith
Signature of Notary

Signature of Notary

Seal

OFFICIAL SEAL
PAMELA M SMITH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 09/19/2024

*Insert the EXACT legal name of the applicant

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 Surgicenter Holdings, 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]
SIGNATURE
Shan Azate MD
PRINTED NAME
Member
PRINTED TITLE
State of Illinois
County of Lake

Notarization:
Subscribed and sworn to before me
this 31 day of August, 2023

[Signature]
SIGNATURE
Jonathan Citen MD
PRINTED NAME
Member
PRINTED TITLE
State of Illinois
County of Lake

Notarization:
Subscribed and sworn to before me
this 31 day of August, 2023

[Signature]
Signature of Notary

Seal
OFFICIAL SEAL
PAMELA M SMITH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 09/19/2024

*Insert the EXACT legal name of the applicant

[Signature]
Signature of Notary

Seal
OFFICIAL SEAL
PAMELA M SMITH
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 09/19/2024

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-RESERVE**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	EXISTING BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC (3 Operating Rooms)	8,000 GSF	8,250 GSF	-250 GSF	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	2,022	2,422	>3,000 Hours	NO
YEAR 2	ASTC	2,022	2,422	>3,000 Hours	NO

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.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA**G. Non-Hospital Based Ambulatory Surgery**

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

ASTC Service
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☐ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☐ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☒ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☐ Urology
☐ Other _____

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X
APPEND DOCUMENTATION AS ATTACHMENT 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- NOT APPLICABLE

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]:

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

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY – NOT APPLICABLE

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY – NOT APPLICABLE

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/Sq. Ft. New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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.

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: Advocate Condell Ambulatory Surgery Center, LLC 825 S. Milwaukee Ave
(Name) (Address)

Libertyville Illinois 60048 309-826-4312
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 825 S. Milwaukee Avenue Libertyville Illinois
(Address) (City) (State)

Lake County Libertyville 11
(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	36-43
2	Site Ownership	44-45
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	46
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	47
5	Flood Plain Requirements	48-49
6	Historic Preservation Act Requirements	50
7	Project and Sources of Funds Itemization	51
8	Financial Commitment Document if required	52
9	Cost Space Requirements	53
10	Discontinuation	n/a
11	Background of the Applicant	54-56
12	Purpose of the Project	57-58
13	Alternatives to the Project	59
14	Size of the Project	60
15	Project Service Utilization	61-62
16	Unfinished or Shell Space	63
17	Assurances for Unfinished/Shell Space	64
		n/a
18	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	65-113
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	114
35	Financial Waiver	115
36	Financial Viability	116
37	Economic Feasibility	117
38	Safety Net Impact Statement	118
39	Charity Care Information	119
40	Flood Plain Information	120-121

ATTACHMENT 1
Type of Ownership of Applicants

Included with this attachment are:

1. The Certificate of Good Standing for Advocate Condell Ambulatory Surgery Center, LLC.
2. The Certificate of Good Standing for Advocate-SCA Partners, LLC.
3. The Certificate of Good Standing for Surgical Care Affiliates, LLC.
4. The Certificate of Good Standing for Evangelical Services Corporation.
5. The Certificate of Good Standing for CASC, LLC.
6. The Certificate of Good Standing for Neuro II, LLC.
7. The Certificate of Good Standing for Surgicenter Holdings, LLC.

ATTACHMENT 1

Certificate of Good Standing – Advocate Condell Ambulatory Surgery Center, LLC

File Number

0508782-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

ADVOCATE CONDELL AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 13, 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.



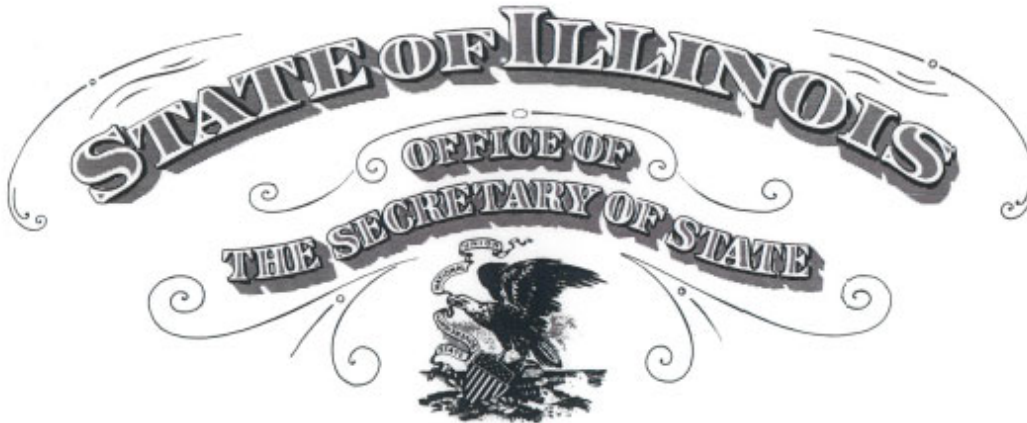
Authentication #: 2322104402 verifiable until 08/09/2024
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 9TH
day of AUGUST A.D. 2023 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – Advocate-SCA Partners, LLC

File Number 0509172-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

ADVOCATE-SCA PARTNERS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 25, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2322104486 verifiable until 08/09/2024
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of AUGUST A.D. 2023 .


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – Surgical Care Affiliates, LLC

File Number 0226541-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

SURGICAL CARE AFFILIATES, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 09, 2007, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



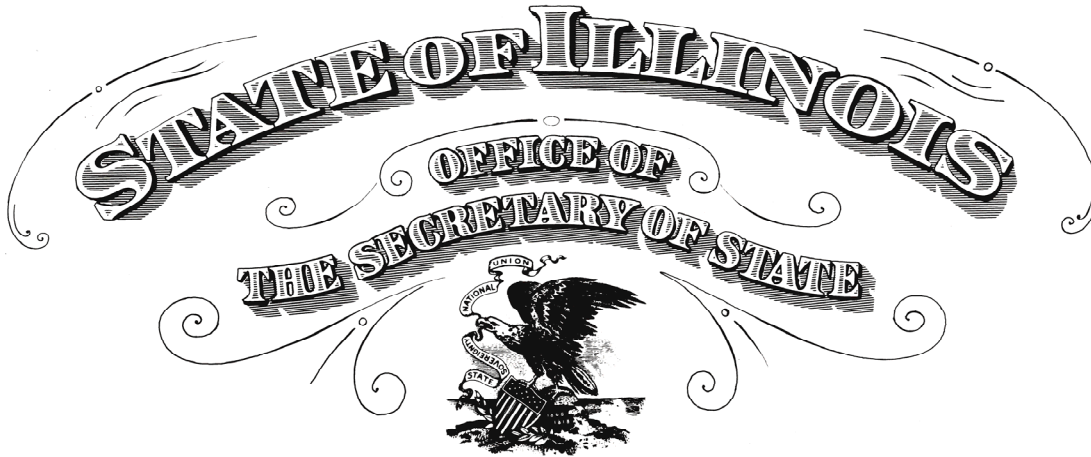
Authentication #: 2308804072 verifiable until 03/29/2024
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of MARCH A.D. 2023 .***


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – Advocate Health and Hospital Corporation

File Number 5291-138-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

EVANGELICAL SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 24, 1982, ADOPTED THE ASSUMED NAME ADVOCATE NETWORK SERVICES, INC. ON MAY 16, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2324802680 verifiable until 09/05/2024
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 5TH day of SEPTEMBER A.D. 2023 .


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – CASC, LLC

File Number 0579041-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

CASC LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 11, 2016, 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 #: 2322104522 verifiable until 08/09/2024
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 9TH day of AUGUST A.D. 2023 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – Neuro II, LLC

File Number

0494479-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

NEURO II, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 12, 2014, 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 #: 2322105906 verifiable until 08/09/2024
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 9TH
day of AUGUST A.D. 2023 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing – Surgicenter Holdings, LLC

File Number 0969533-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

SURGICENTER HOLDINGS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 11, 2021, 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 #: 2322105914 verifiable until 08/09/2024
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 9TH day of AUGUST A.D. 2023 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

Attached as evidence of control over the site is a copy of the facility's property tax statement for 2022. The tax document reflects that Advocate Condell Medical Center is the site owner.

**ATTACHMENT 2
Site Ownership**

8/8/23, 11:13 PM

Lake County, IL Property Tax Information

PARID: 11214000198001

ASSESSOR #: 049

NBHD: 1101060

ROLL: RP

ADVOCATE CONDELL MEDICAL CENTER

825 S MILWAUKEE AVE

Tax Year: 2023 (Taxes Payable in 2024).

Select Tax Year on the right:

Parcel

Assessment Year:	2023
Pay Year:	2024
Property Location:	825 S MILWAUKEE AVE
Building/Unit #:	
City/State/Zip:	LIBERTYVILLE IL 60048
Mailing Address:	825 S MILWAUKEE AVE
	LIBERTYVILLE IL 60048-3218
Split/Combine Occurred:	No
Living Units:	
Neighborhood:	1101060 - LEASEHOLDS
Class:	COM - Commercial
Property Use Code:	60 - Commercial Improvements
Acres:	0.2741
Square Feet:	11,940
Subdivision #:	
Subdivision Name:	
Lot:	
Block:	
Legal 1:	PT S1/2; LEASEHOLD ON PT DAFS; BEG X C LN HWY 21 & N LN ERNS
Legal 2:	T HECHT ESTATES SUB, NLY ALG C LN SD RD 9.12 CHS, S77.5DW 5.
Legal 3:	90 CHS, S81DW 5.18 CHS, N82.5DW TO PNT 150' E & // TO E LN S
Tax Code Area:	11038 - LIBERTYVILLE TWP 038
Mortgage Company:	-
ACH:	No

Parcel Status

Tax Year:	2023
Active/Deactive:	Active

Tax Status

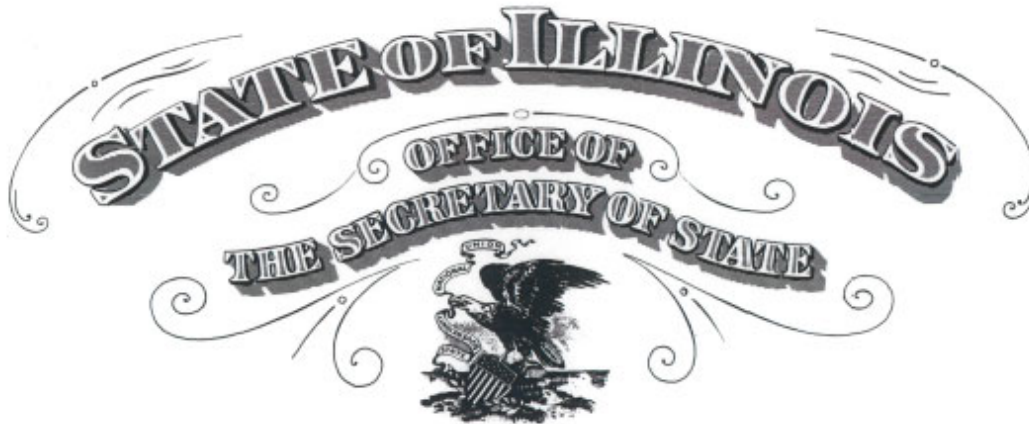
Tax Year:	2023
In Forfeiture:	No
In Bankruptcy:	No
Taxes Due:	Yes - see Taxes Due tab for more information

<https://tax.lakecountyil.gov/Datalets/PrintDatalet.aspx?pin=11214000198001&gsp=PROFILEALL&taxyear=2023&jur=049&ownseq=0&card=1&roll=RP...> 1/2

ATTACHMENT 3
Operating Entity
Certificate of Good Standing – Advocate Condell Ambulatory Surgery Center, LLC

File Number

0508782-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

ADVOCATE CONDELL AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 13, 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.

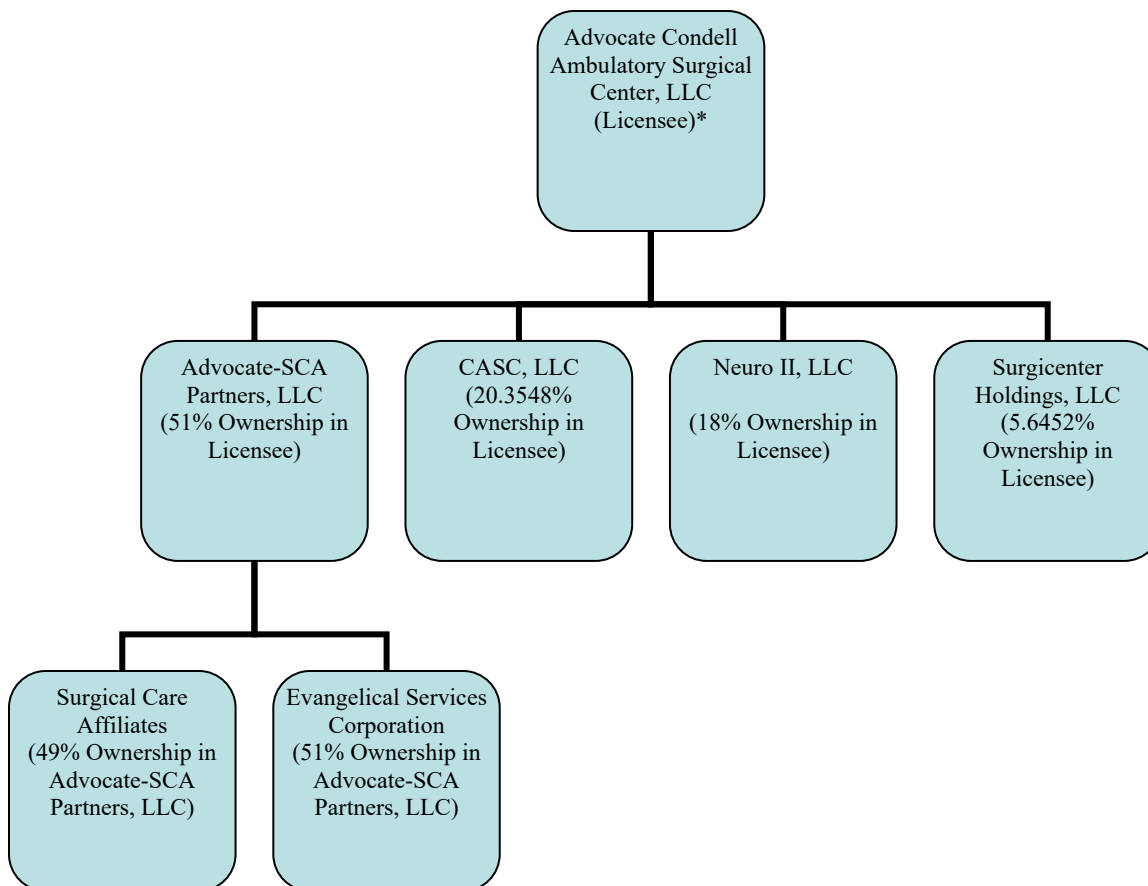


Authentication #: 2322104402 verifiable until 08/09/2024
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of AUGUST A.D. 2023 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 4 Organizational Chart



Neuro II, LLC Membership

- Juan C. Alzate, M.D.
- Jonathon S. Citow, M.D.

CASC, LLC Membership

- Gregory G. Caronis, M.D.
- Justin J. Cohen, M.D.
- Benjamin C. Johnson, M.D.
- Ronald J. Kim, M.D.
- Mark A. Neault, M.D.
- Amit P. Parikh, D.O.
- Robert S. Saffrin, M.D.
- Michael F. Scheer, M.D.
- Marcus G. Talerico, M.D.

*There are three individual physicians with an ownership interest of less than 5% in the facility.

ATTACHMENT 5
Floor Plain RequirementSurgical Care Affiliates[®]

August 10, 2023

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

Re: Advocate Condell Ambulatory Surgery Center, LLC - Flood Plain Requirements

Dear Mr. Kniery:

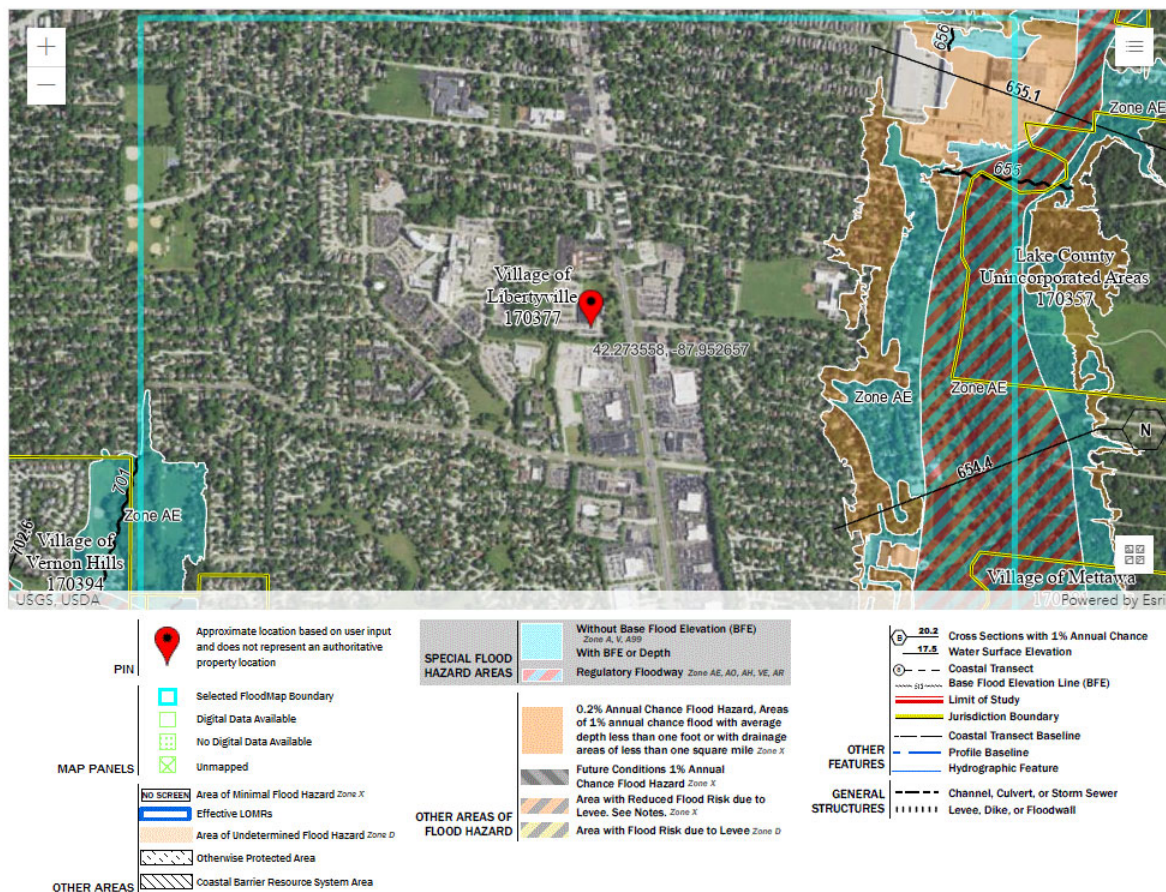
As a representative of Advocate Condell Ambulatory Surgery Center, I, Michelle Remsen, affirm that our facility Advocate Condell Ambulatory Surgery Center complies with Illinois Executive Order #2005-5. The facility location is 825 S. Milwaukee Ave, Libertyville, Illinois 60048 is not located in a flood 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,

A handwritten signature in cursive script that reads "Michelle Remsen".

Michelle Remsen, MBA
Regional Director, Operations-SCA Health
Advocate Condell Ambulatory Surgery Center

ATTACHMENT 5
Floor Plain Requirement

ATTACHMENT 6
Historic Resources Preservation Act Requirements

The proposed project is for the addition of the Pain Management category of service to an existing ASTC. There is no construction or modernization of the existing facility contemplated as a result of this application and thus this criterion is not applicable.

ATTACHMENT 7
Project Costs and Sources of Funds

The proposed project is for the addition of the Pain Management category of service to an existing ASTC. There is no construction or modernization of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 8
Project Status and Completion Schedules

The proposed project does not involve construction and no change to the physical layout of the facility as it currently exists. The proposed project completion date is upon approval by the Illinois Department of Public Health of the facility to perform Pain Management procedures under their existing license or by March 1, 2024.

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							
ASTC	-	8,000	-	-	-	8,000	-
Total Clinical	-	8,000	-	-	-	8,000	-
NON-REVIEWABLE							
Administrative	-	3,000	-	-	-	3,000	-
Total Non-clinical	-	3,000	-	-	-	3,000	-
TOTAL	-	11,000	-	-	-	11,000	-

ATTACHMENT 11

Background of 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.

Advocate Condell Ambulatory Surgery Center, LLC

The proposed project is brought forth by Advocate Condell Ambulatory Surgery Center, LLC ("ACASC"). 51% of ACASC is owned by Advocate-SCA Partners, LLC, with the remainder owned by unrelated parties including CASC, LLC with 20.3548% ownership, Neuro II, LLC with 6% ownership, and Surgicenter Holdings, LLC with 5.6452% ownership. Operational since 2017, ACASC has 2 operating rooms, an examination room, and 7 total recovery stations. In 2022, the ASTC treated 2,022 patients, and procedures were completed in the following categories of service: neurological, general surgery, otolaryngology, podiatry, and orthopedic. ACASC predominately services Lake County residents, with the most common residential origins of Round Lake, Mundelein, Grayslake, Libertyville, Lake Villa, and Gurnee.



Evangelical Services Corporation

Evangelical Services Corporation is part of Advocate Health. Advocate Health is a multi-state integrated health system that operates 9 hospitals in the State of Illinois, and more than 250 sites of care, and thousands of doctors providing exceptional healthcare using the latest techniques and technology. In 2018, Advocate Health Care merged with Aurora Health Care of Wisconsin to form Advocate Aurora Health. In 2022, Advocate Aurora Health and Atrium Health combined to create Advocate Health, the third-largest nonprofit integrated health system in the U.S.

Evangelical Services Corporation maintains its ownership interest in the facility through a joint venture with Advocate-SCA Partners, LLC.

ATTACHMENT 11

Background of Applicant



Advocate Condell Medical Center is the largest healthcare provider and the only Level 1 Trauma Center in Lake County, Illinois. It was named one of U.S. News & World Report's Best Hospitals and offers a full spectrum of medical services, including wound care, and is connected to a robust network of immediate care centers. It is home to Lake County's first and only comprehensive Trauma Recovery Center and features an emergency department approved for pediatrics backed by the resources of Advocate Children's Hospital.

Surgical Care Affiliates, LLC

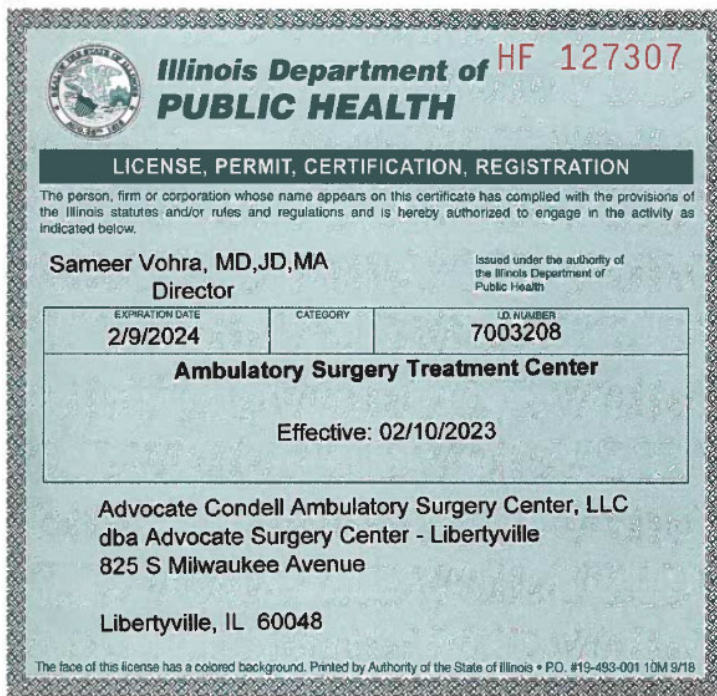
Surgical Care Affiliates ("SCA") is a national leader in specialty care providing high quality outcomes for patients and providers at a lower total cost of care. SCA has over 320 surgical facilities, over 9,200 physicians, 11,300 employees, and treats 1.43 million patients each year. SCA's ambulatory surgical care facilities deliver high-quality, lower cost care with exception patient and physician satisfaction scores. They challenge the status quo in surgical care and set the national standards of excellence.

CASC, LLC and Neuro II, LLC

CASC, LLC and Neuro II, LLC are limited liability companies whose membership is made up of individual physicians who perform procedures at the applicant facility. Their respective medical practices include expertise in Neurology, Urology, Otolaryngology, Orthopedics, Plastic Surgery and General Surgery. None of the individual physicians maintain an ownership interest of greater than 5% in any other health care facility.

ATTACHMENT 11

Background of Applicant



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/9/2024

Lic Number 7003208

Date Printed 2/6/2023

Advocate Condell Ambulatory Surgery
dba Advocate Surgery Center - Liberty
825 S Milwaukee Avenue
Libertyville, IL 60048-3218

FEE RECEIPT NO.

Illinois Hospitals owned and operated by the applicants.			
Facility	Location	License No.	DNV Accreditation No.
Advocate Christ Medical Center	4440 West 95th St, Oak Lawn, IL 60453	315	PRJC-435588-2012-MSL-USA
Advocate Condell Medical Center	801 South Milwaukee Ave, Libertyville, IL 60048	5579	PRJC-492361-2013-AST-USA
Advocate Good Samaritan Hospital	3815 Highland Ave, Downers Grove, IL 60515	3384	PRJC-369029-2012-MSL-USA
Advocate Good Shepherd Hospital	450 West Highway 22, Barrington, IL 60010	3475	PRJC-369027-2012-MSL-USA
Advocate Illinois Masonic Medical Center	836 West Wellington Ave, Chicago, IL 60657	5165	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	1775 Dempster St, Park Ridge, IL 60068	4796	PRJC-369033-2012-MSL-USA
Advocate Sherman Hospital	1425 North Randall Rd, Elgin, IL 60123	5884	PRJC-496379-2013-MSL-USA
Advocate South Suburban Hospital	17800 South Kedzie Ave, Hazel Crest, IL 60429	4697	PRJC-409982-2012-MSL-USA
Advocate Trinity Hospital	2320 East 93rd St, Chicago, IL 60617	4176	PRJC-408213-2012-MSL-USA
Additionally, AHHC has ownership interest of 50% or more in the following licensed health care facilities			
Facility	Location	License No.	Joint Commission Accreditation No/ Accreditation Association for Ambulatory Health Care, Inc.
Dreyer Ambulatory Surgery Center	1220 N. Highland Ave, Aurora, IL	7001779	AAHC

ATTACHMENT 12

Purpose of Project

The Applicants seek authority from the Health Facilities and Services Review Board to add Pain Management to its compliment of procedures offered at its existing surgery center. Adding this service to the existing ambulatory surgical treatment center will improve utilization and address unmet patient needs at Advocate Condell Ambulatory Surgery Center, LLC ("ACASC"). ACASC already provides a robust complement of services to patients, including General Surgery, Neurological, Orthopedic, Otolaryngology, Plastic Surgery and Urology. Pain Management services will help address a gap in available services for those visiting ACASC and nearby facilities. Adding Pain Management to ACASC will also allow for better utilization of the facility and its surgical recovery areas.

Additionally, the addition of Pain Management services is being sought because several physicians including two who have committed to refer patients to the facility have identified an issue with an existing surgery center where they are performing procedures. The Hawthorn Surgical Center does not accept Advocate Physician Partner patients which account for a significant number of Innovative Pain Specialists patients. Adding the service would provide access to Advocate Physician Partner patients who require pain management procedures to receive these services.

The CDC estimates at least 50 million people in the U.S. suffer from chronic pain, and the likelihood of persistent pain increases exponentially following surgery. Adding Pain Management procedure options to ACASC will directly result in better patient outcomes following surgery. Not only is pain management a crucial element of postsurgical recovery, but proper pain management is one of the most direct ways to reduce opioid abuse and addiction.

Over the years, medical advancements have led to the development of various pain management strategies, with surgical procedures being a significant component. In recent times, there has been a notable shift towards performing pain management surgical procedures in outpatient settings, a trend driven by innovations in surgical techniques, technology, and patient care.

Traditionally, pain management surgical procedures were primarily conducted in hospital settings due to the complexity of the procedures and the need for extensive post-operative monitoring. However, advancements in surgical techniques and technology have paved the way for many procedures to be safely performed on an outpatient basis. Minimally invasive techniques, such as arthroscopy and endoscopy, have revolutionized pain management procedures by reducing the invasiveness of the surgery, minimizing tissue damage, and subsequently accelerating the recovery process.

One significant innovation in outpatient pain management surgery is the use of radiofrequency ablation (RFA). RFA involves the application of radiofrequency waves to specific nerves, causing thermal destruction and thereby interrupting pain signals. This procedure has gained prominence in outpatient settings due to its minimal invasiveness and potential for long-lasting pain relief. A 2019 study highlighted the efficacy of RFA in treating chronic knee osteoarthritis pain, demonstrating its potential as a minimally invasive outpatient intervention (*Patel et al., 2019*).

The shift towards outpatient pain management surgical procedures brings forth a multitude of benefits for both patients and healthcare systems. One primary advantage is the reduced cost associated with outpatient settings compared to traditional hospital stays. This is particularly significant in the current healthcare landscape, where cost containment is a crucial consideration. A 2018 study by David Smith indicated that outpatient procedures are associated with lower healthcare costs, making them an attractive option for both patients and healthcare providers (*Smith et al., 2018*). Given that the existing ASTC is on Advocate Condell's campus it makes sense to shift appropriate outpatient surgeries to the facility.

ATTACHMENT 12

Purpose of Project

Moreover, outpatient procedures often result in shorter recovery times and reduced hospital-related complications. Patients undergoing outpatient pain management surgical procedures experience less disruption to their daily routines, allowing them to return to their normal activities sooner. This aspect is especially relevant in pain management, as the goal is not only to alleviate pain but also to enhance the overall quality of life. A 2020 study highlighted the quicker recovery and reduced risk of infections associated with outpatient procedures, underscoring their clinical significance (*Jones et al., 2020*).

ACASC serves patients in Libertyville and surrounding areas within 10 miles of ACASC. A map of the market area of ACASC is attached at Attachment 25. The distance from ACASC to the geographic service area borders are as follows:

- East: less than 10 miles to Lake Michigan
- Southeast: 10 miles to Highland Park
- South: 10 miles to Wheeling
- Southwest: 10 miles to Lake Zurich
- West: 10 miles to Wauconda
- Northwest: 10 miles to Round Lake Beach
- North: 10 miles to Gurnee
- Northeast: 10 miles to Waukegan

The addition of Pain Management procedures will improve utilization at ACASC, which has capacity, and will allow the ASTC to operate closer to the State Board standard. The transfer of patient care for pain management procedures to ACASC will create much-needed capacity at Advocate Condell Medical Center. Advocate Condell Medical Center is the only Level-1 Trauma Center in Lake County and is continuously challenged with patients presenting in the ER who could be safely served in other settings like ACASC.

Another goal of this project is to improve access to pain management services to post-surgical patients and others in need of these services who are otherwise resorting to suboptimal use of Advocate Condell Medical Center beds. Additionally, it will result in significant savings for patients and the various public and private payors who they use for insurance.

Sources

Centers for Disease Control and Prevention, *Chronic Pain Among Adults – United States, 2019-2021*.
<https://www.cdc.gov/mmwr/volumes/72/wr/mm7215a1.htm>

Jakobsson, Jan G., *Pain Management in Ambulatory Surgery – A Review*. National Library of Medicine, National Center for Biotechnology Information. July 24, 2014.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4167203/>

Charipova, Karina & Gress, Kyle L. *Management of Patients with Chronic Pain in Ambulatory Surgery Centers*. Cureus. September 12, 2020. <https://www.cureus.com/articles/40014-management-of-patients-with-chronic-pain-in-ambulatory-surgery-centers#!>

Patel, R., Weiner, J., Ghanem, E., Blum, S., & Mousa, S. A. (2019). Radiofrequency Ablation: A Minimally Invasive Outpatient Treatment for Chronic Knee Pain. *Cureus*, 11(9), e5726.

Smith, D. B., Blackwell, R. H., O'Grady, H. L., Munver, R., Dupree, J. M., & Kim, S. P. (2018). Population-level outcomes and costs of outpatient surgery. *BJU International*, 122(6), 1025-1031.

Jones, L. F., FitzGerald, J. D., & Karkenny, A. J. (2020). Is Same-day Discharge After Total Joint Arthroplasty Safe? A Systematic Review and Meta-analysis. *The Journal of Arthroplasty*, 35(7), 1865-1871.

**ATTACHMENT 13
Alternatives****Option 1: Status Quo****No financial Cost**

One of the core tenets of the Certificate of Need Program is the better utilization of existing facilities. As demonstrated in this application, there is a demonstrated need for these services and there are practitioners who would utilize this service if it were an available category of service at this facility. The cost disparities between in-patient hospital care and those available at an ASTC have yielded a proliferation of additional ASTCs, but more often than not those facilities are limited in the categories of service they provide. This is a facility that has already demonstrated a willingness to allow the needs of the patient population it serves to drive the services it seeks to provide. Maintaining the status quo would leave an unnecessary barrier for accessing this care and would leave the facility under-utilized. Accordingly, this alternative was not selected.

Option 2: Establish New ASTC**Approximately \$5 Million - \$15 Million (estimate)**

While there is unquestionably a need for these services, it is questionable whether this service alone would justify the establishment of a new ASTC focused solely upon this category of service. More importantly, the Certificate of Need program looks to determine whether there is a meaningful opportunity to meet the needs of expansion or the addition of a new service line and thereby the better utilization of existing facilities. This is to avoid the unnecessary establishment of new facilities and to avoid the unnecessary spending of limited healthcare dollars. Based upon the fact that this alternative would result in failing to better utilize an existing facility (the project as proposed) and would also involve the unnecessary expenditure of funds. Accordingly, this alternative was not selected.

Option 3: Utilization of Existing ASTCs**Minimal Cost (equipment and staffing)**

There is existing capacity at area facilities. However, not all have pain management as a category of service and they are not affiliated with the Advocate Health system. It is an unrealistic expectation for the Advocate system, which is being encouraged by payor models, to relocate appropriate surgical interventions and procedures from the hospital to an ASTC, to utilize ASTCs that are not affiliated with their hospitals. Moreover, the existing shift towards outpatient pain management surgical procedures calls into question whether utilization of the existing capacity at other facilities would be anything more than a stop gap solution. Unquestionably, it would yield the fracturing of a patient population, administrative and practical hardships upon practitioners and patients, and would ultimately yield individuals suffering from chronic pain to unnecessarily endure that pain for longer periods of time. It is for these reasons that this alternative was not selected.

Option 4: Project as Proposed**No Cost**

This project, as proposed, truly advances the principles of the Certificate of Need Program. It avoids unnecessary expense through the expansion of categories of service and allows for the better utilization of an existing facility. It does so in a way that will ultimately allow for the reduction in healthcare costs by allowing for the relocation of surgical procedures out of the hospital OR setting. Also, as demonstrated by the referrals provided for this application, there is a demonstrated need for these services that will benefit practitioners and patients alike. For these reasons, this is the alternative that was selected and is being presented to the Board for its consideration.

ATTACHMENT 14
Size of Project

The proposed project does not involve construction nor any change to the physical layout of the facility as it currently exists. However, the square footage identified in this application for the facility consists of three operating rooms, 7 recovery stations and 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	EXISTING BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC (3 Operating Rooms)	8,000 GSF	8,250 GSF	-250 GSF	YES

ATTACHMENT 15

Project Service Utilization

The annual utilization expected of an ASTC with three operating rooms should be 1,500 hours per surgical or procedure room. The existing facility was operating two operating rooms since its inception through 2021. At the end of 2021 the facility performed procedures on 1,983 patients for a total of 3,227 hours of utilized time in the 2 operating rooms. In 2021, the facility was overwhelmed, faced capacity issues and had an operating utilization rate of 86%.

In calendar year 2022 the facility served a total of 2,022 patients, for a total of 2,216 hours of utilized time in the 2 operating rooms. In March 2023, the facility added a much needed third operating room to the facility to provide for additional capacity.

The objective for any facility is to better utilize its available capacity and maintain a utilization of at least 80% of the target utilization standard or at least 1,500 hours per operating room on an annual basis. The addition of Pain Management at ACASC will result in increased utilization of the facility. As pledged in the attached letter by Innovative Pain Specialists' Dr. Demetrios J. Louis, the practice anticipates referring 400 patients would be treated at ACASC upon approval of this CON application by the Board. Adding this category of service would also allow the facility to offer other physicians block time at the facility to provide pain management services to their patients.

In 2020, the state average for completing a Pain Management procedure was .65 hours or roughly 40 minutes per procedure (including room prep, procedure time, and room clean-up). Innovative Pain Specialists' proposed 400 patient referrals would account for another 267 hours of utilized surgical time and increase the utilization of this existing facility.

UTILIZATION					
	DEPT / SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	2,022	2,422	>3,000 Hours	NO
YEAR 2	ASTC	2,022	2,422	>3,000 Hours	NO

ATTACHMENT 15

Project Service Utilization

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY- CALENDAR YEAR 2020									
STATE TOTALS	Number of Ambulatory Surgical Treatment Centers		146		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE				
	Number of Operating Rooms		392		PAYMENT SOURCE	MALE	FEMALE	TOTAL	Pct
	Number of Procedure Rooms		151						
	Number of Recovery Stations Stage 1		809		Medicaid	6,226	10,843	17,069	4.0%
	Number of Recovery Stations Stage 2		831		Medicare	64,729	86,775	151,504	35.5%
	Number of Exam Rooms		139		Other Public	3,812	1,708	5,520	1.3%
	Type of Ownership		137		Insurance	108,975	127,181	236,156	55.3%
	For Profit	7		Private Pay	3,616	11,840	15,456	3.6%	
	Not For Profit	2		Charity Care	586	959	1,545	0.4%	
	Government								
NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR									
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense	
	20.5%	2.3%	2.5%	68.2%	6.5%	100.0%	Expense	as % of Total Net Revenue	
	218,408,487	24,692,180	26,781,982	724,795,864	68,715,881	1,063,394,394	2,428,337		0.23%
OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR					STAFFING PATTERNS				
Surgery Area	Total Surgeries Performed	Surgery Time (Hours)	Prep and Clean-Up (Hours)	Total Surgery (Hours)	Average Time (Hours)	PERSONNEL	FULL-TIME EQUIVALENTS		
						Administrator	118.40		
Cardiovascular	200	134.25	56.50	190.75	0.95	Physicians	128.05		
Dermatology	1,002	703.75	361.70	1,065.45	1.06	Nurse Anesthetists	47.45		
Gastroenterology	13,407	5,260.99	6,074.86	11,335.85	0.85	Director of Nurses	103.86		
General Surgery	15,895	12,913.14	7,570.63	20,483.77	1.29	Registered Nurses	1,453.29		
Laser Eye Surgery	3,338	946.89	558.76	1,505.65	0.45	Certified Aides	129.62		
Neurological	1,310	1,419.80	900.85	2,320.65	1.77	Other Health Profs.	712.05		
OB/Gynecology	10,357	6,914.99	5,646.10	12,561.09	1.21	Other Non-Health Profs.	627.42		
Ophthalmology	77,257	28,500.82	25,355.22	53,856.04	0.70	TOTAL	3,320.14		
Oral/Maxillofacial	3,014	7,044.05	4,727.20	11,771.25	3.91	NUMBER OF PATIENTS BY AGE GROUP			
Orthopedic	67,882	67,693.37	36,688.51	104,381.88	1.54	AGE	MALE	FEMALE	TOTAL
Otolaryngology	13,731	11,462.48	5,772.51	17,234.99	1.26	0-14	6,735	4,890	11,625
Pain Management	33,416	11,745.34	9,951.25	21,696.59	0.65	15-44	30,026	47,253	77,279
Plastic Surgery	8,609	15,400.62	4,960.69	20,361.31	2.37	45-64	71,490	86,687	158,177
Podiatry	9,254	12,192.96	4,713.63	16,906.59	1.83	65-74	48,916	61,727	110,643
Thoracic	24	20.00	8.95	28.95	1.21	75+	29,052	36,452	65,504
Urology	14,690	11,748.17	6,798.69	18,546.86	1.26	TOTAL	186,219	237,009	423,228
TOTAL	273,386	194,101.62	120,146.05	314,247.67	1.15				
PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR									
Surgery Area	Procedure Rooms	Total Surgeries	Surgery Time (Hours)	Prep/Clean-Up Time (Hours)	Total Surgery Time (Hours)	Average Case Time (Hours)			
Cataract Extraction		2,078	519.50	207.80	727.30	0.35			
Cornea Transplant		11	8.25	2.92	11.17	1.02			
Dermatology		14	35.00	4.50	39.50	2.82			
Dialysis Access Inte		1,020	1.00	1.00	2.00	0.00			
Dialysis Access Surg		444	2.50	1.00	3.50	0.01			
elective terminatio		4,270	356.00	712.00	1,068.00	0.25			
electrophysiology		313	226.50	173.50	400.00	1.28			
ESRD Catheter, Fistu		386	15,440.00	11,773.00	27,213.00	70.50			
Gasto-Intestinal		58	23.00	19.00	42.00	0.72			
GASTROENTEROLOGY		329	246.50	123.00	369.50	1.12			
Gastro-Intestinal	84	110,716	43,190.93	21,757.23	64,948.16	0.59			
GI		302	157.00	76.00	233.00	0.77			
Interventional Nephr		124	56.50	155.00	211.50	1.71			
IVF PROCEDURES		811	210.25	270.50	480.75	0.59			
Ketamine infusion th		70	203.25	14.00	217.25	3.10			
Laser Eye	15	5,016	1,099.06	678.86	1,777.92	0.35			
LASER EYE SURGER		27	3.25	4.75	8.00	0.30			
Mohs Surgery		1,255	1,443.25	411.50	1,854.75	1.48			
Multi-Gyne		4	1.25	1.75	3.00	0.75			
Multi-LaserEye		203	50.75	60.75	111.50	0.55			
Multi-Pain		48	16.00	12.00	28.00	0.58			
Ophthalmology		3,364	1,853.25	811.66	2,664.91	0.79			
Ophthalmology - YAG		28	2.50	6.75	9.25	0.33			
Orthopedic Manipulat		16	9.50	10.25	19.75	1.23			
Pain Management	15	17,626	3,857.21	3,410.87	7,268.08	0.41			
Pediatric IVIG infus		127	539.25	7.25	546.50	4.30			
Plastic Surgery		1,780	882.75	583.50	1,466.25	0.82			
Trabeculectomy		22	11.00	3.60	14.60	0.66			
TOTALS	114	150,462	70,445.20	41,293.94	111,739.14	0.74			

Source: Ambulatory Surgical Treatment Center Questionnaire for 2020. Illinois Department of Public Health

8/11/2021

ATTACHMENT 16
Unfinished or Shall Space

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

ATTACHMENT 17
Assurances for Unfinished/Shell Space

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 in which this facility will be located. As set forth in 77 Illinois Admin Code Section 1110.235(c)(2)(B), the ASTC serves patients residing in and around Libertyville. Accordingly, the primary geographic service area ("GSA") consists of those areas within a 10-mile radius of the ASTC.

As a multi-specialty ASTC with a focus on supporting the Advocate Condell Medical Center and surrounding community patient base, the impact upon any area facility at which procedures have been previously performed should be minimal. Given the short length of time for an individual pain management procedure (as compared to other more complex outpatient surgical procedures in other categories of service) and any reimbursement lost are easily replaced, oftentimes by a single procedure.

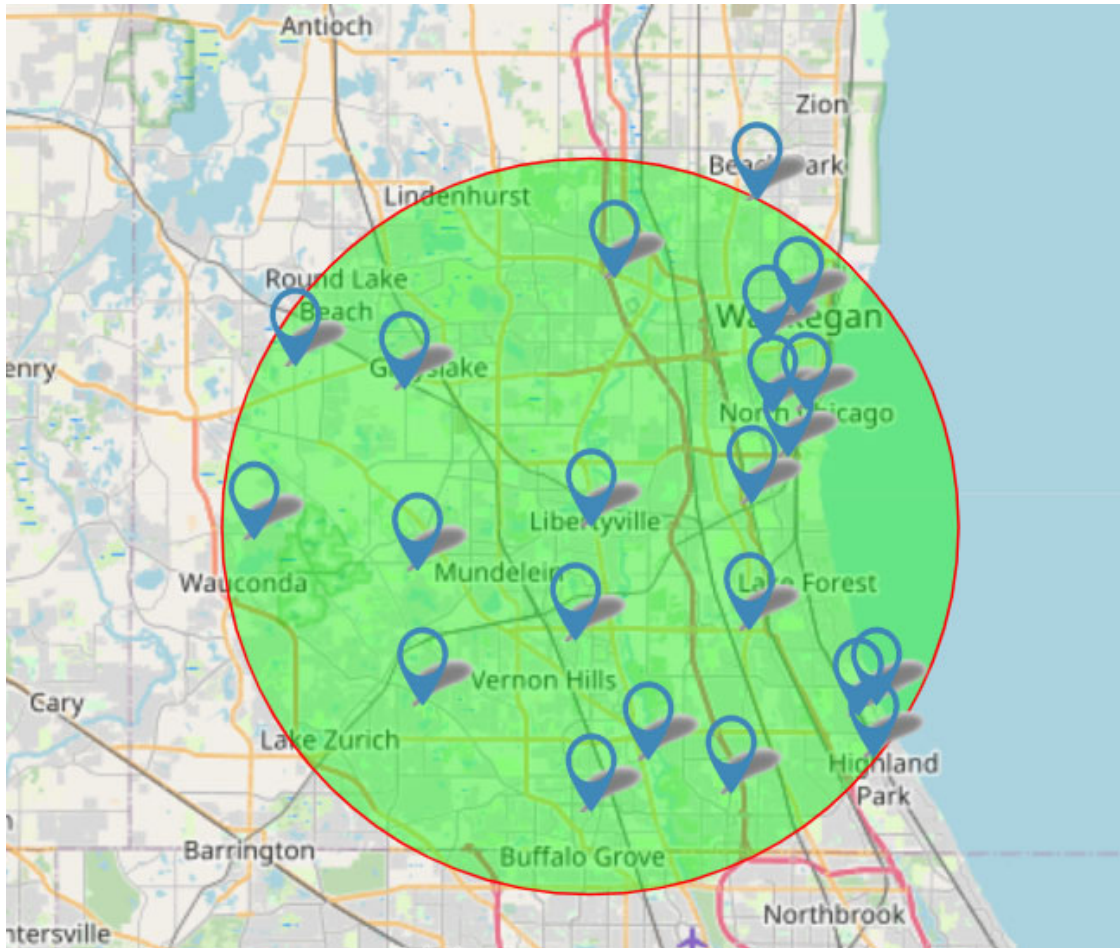
While area facilities have a degree of surgical capacity, it has been proven by multiple studies, articles, and actions of the Centers of Medicare and Medicaid Services (CMS) that outpatient procedures in an ASTC setting are less costly when medically appropriate. There are huge cost incentives, and ASTCs offer more patients better access to care at a lower cost. Needless to say, however, it is ultimately patient choice that will determine where procedures will take place.

The primary purpose of this project is to provide necessary health care services to the residents of the 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 radiuses of the proposed ASTC site.

Zip Code	City	2020 Population
60048	Libertyville	29,353
60061	Vernon Hills	27,581
60044	Lake Bluff	10,244
60060	Mundelein	37,599
60045	Lake Forest	21,026
60088	Great Lakes	14,188
60064	North Chicago	15,206
60030	Grayslake	36,346
60069	Lincolnshire	7,940
60086	North Chicago	30,759
60047	Lake Zurich	43,944
60031	Gurnee	37,650
60085	Waukegan	71,609
60089	Buffalo Grove	43,227
60015	Deerfield	28,013
60040	Highwood	5,102
60084	Wauconda	17,029
60073	Round Lake	18,721
60037	Fort Sheridan	3,954
60035	Highland Park	30,152
60087	Waukegan	28,207
Total		557,850

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

10 Mile Radius from 825 South Milwaukee Avenue, Libertyville, Illinois 60048



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 Innovative Pain Specialists practice group that 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.



2101 S. Arlington Heights Rd.
Suite 165
Arlington Heights, IL 60005-4142
Tel. (847) 593-6800
Fax. (847) 593-6803
www.IPSIllinois.com

Demetrios J. Louis, M.D. Paul A. Marsiglia, D.O.

07/14/2023

Dean J. Michal, CASC
Chief Executive Officer
Advocate Condell Surgery Center | Libertyville, IL 60048
309-826-4312 (C) 224-504-2215 (O)

Mr. Dean Michal,

Per your request regarding expected future volumes, a listing of where cases have previously been performed and the reason you would like to perform these cases at Advocate Surgery Center. Dr. Marsiglia and I are projecting a volume of 400 cases annually. This will depend on availability, scheduling, and patient inclusion and exclusion criteria at Advocate Surgery Center.

We have previously performed at Hawthorn Surgical Center in Vernon Hills, IL. This surgery center does not accommodate Advocate Physician Partners (APP) patients. Furthermore, we have also been limited more and more on block time at the center and thus volume has decreased. Therefore we are seeking to perform our cases at another surgical center that can provide us more clinical block time and accommodate our outpatient surgical center volume.

Please let me know if you shall have any further questions or concerns.

Thank you,

A handwritten signature in dark ink, appearing to read "Demetrios J. Louis, M.D.", is written over a horizontal line.

Demetrios J. Louis, M.D.
Board Certified Anesthesiology (ABA)
Board Certified Anesthesiology – Pain Medicine (ABA-PM)

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

ZIP CODES	# of Patients
34109	1
34997	1
53142	1
53158	2
53168	1
60002	20
60004	16
60005	10
60008	2
60010	2
60013	1
60014	4
60015	2
60020	2
60025	1
60030	24
60031	30
60035	3
60039	1
60041	3
60042	2
60044	1
60045	7
60046	19
60047	4
60048	49
60050	2
60051	4
60060	37
60061	20
60064	3
60067	2
60069	3
60070	1
60071	1
60073	23
60075	1
60076	1

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

ZIP CODES	# of Patients
60081	3
60083	15
60084	4
60085	18
60087	6
60089	16
60090	6
60099	18
60123	1
60193	1
60195	1
60554	1
63141	1
85139	1
85614	1
Total	400

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

The annual utilization expected of an ASTC with three operating rooms should be 1,500 hours per surgical or procedure room. The existing facility was operating two operating rooms since its inception through 2021. At the end of 2021 the facility performed procedures on 1,983 patients for a total of 3,227 hours of utilized time in the 2 operating rooms. In 2021, the facility was overwhelmed, faced capacity issues and had an operating utilization rate of 86%.

In calendar year 2022 the facility served a total of 2,022 patients, for a total of 2,216 hours of utilized time in the 2 operating rooms. In March 2023, the facility added a much needed third operating room to the facility to provide for additional capacity.

The objective for any facility is to better utilize its available capacity and maintain a utilization of at least 80% of the target utilization standard or at least 1,500 hours per operating room on an annual basis. The addition of Pain Management at ACASC will result in increased utilization of the facility. As pledged in the attached letter by Innovative Pain Specialists' Dr. Demetrios J. Louis, the practice anticipates referring 400 patients would be treated at ACASC upon approval of this CON application by the Board. Adding this category of service would also allow the facility to offer other physicians block time at the facility to provide pain management services to their patients.

In 2020, the state average for completing a Pain Management procedure was .65 hours or roughly 40 minutes per procedure (including room prep, procedure time, and room clean-up). Innovative Pain Specialists' proposed 400 patient referrals would account for another 267 hours of utilized surgical time and increase the utilization of this existing facility.

UTILIZATION					
	DEPT / SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	2,022	2,422	>3,000 Hours	NO
YEAR 2	ASTC	2,022	2,422	>3,000 Hours	NO

ATTACHMENT 25

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

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY- CALENDAR YEAR 2020

STATE TOTALS	Number of Ambulatory Surgical Treatment Centers	146	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE				
			PAYMENT SOURCE	MALE	FEMALE	TOTAL	Pct
	Number of Operating Rooms	392	Medicaid	6,226	10,843	17,069	4.0%
	Number of Procedure Rooms	151	Medicare	64,729	86,775	151,504	35.5%
	Number of Recovery Stations Stage 1	809	Other Public	3,812	1,708	5,520	1.3%
	Number of Recovery Stations Stage 2	831	Insurance	108,975	127,181	236,156	55.3%
	Number of Exam Rooms	139	Private Pay	3,616	11,840	15,456	3.6%
	Type of Ownership		Charity Care	586	959	1,545	0.4%
	For Profit	137					
	Not For Profit	7					
	Government	2					

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense
20.5%	2.3%	2.5%	68.2%	6.5%	100.0%	Expense	as % of Total Net Revenue
218,408,487	24,692,180	26,781,982	724,795,864	68,715,881	1,063,394,394	2,428,337	0.23%

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

Surgery Area	Total Surgeries Performed	Surgery Time (Hours)	Prep and Clean-Up (Hours)	Total Surgery (Hours)	Average Time (Hours)
Cardiovascular	200	134.25	56.50	190.75	0.95
Dermatology	1,002	703.75	361.70	1,065.45	1.06
Gastroenterology	13,407	5,260.99	6,074.86	11,335.85	0.85
General Surgery	15,895	12,913.14	7,570.63	20,483.77	1.29
Laser Eye Surgery	3,338	946.89	558.76	1,505.65	0.45
Neurological	1,310	1,419.80	900.85	2,320.65	1.77
OB/Gynecology	10,357	6,914.99	5,646.10	12,561.09	1.21
Ophthalmology	77,257	28,500.82	25,355.22	53,856.04	0.70
Oral/Maxillofacial	3,014	7,044.05	4,727.20	11,771.25	3.91
Orthopedic	67,882	67,693.37	36,688.51	104,381.88	1.54
Otolaryngology	13,731	11,462.48	5,772.51	17,234.99	1.26
Pain Management	33,416	11,745.34	9,951.25	21,696.59	0.65
Plastic Surgery	8,609	15,400.62	4,960.69	20,361.31	2.37
Podiatry	9,254	12,192.96	4,713.63	16,906.59	1.83
Thoracic	24	20.00	8.95	28.95	1.21
Urology	14,690	11,748.17	6,798.69	18,546.86	1.26
TOTAL	273,386	194,101.62	120,146.05	314,247.67	1.15

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	118.40
Physicians	128.05
Nurse Anesthetists	47.45
Director of Nurses	103.86
Registered Nurses	1,453.29
Certified Aides	129.62
Other Health Profs.	712.05
Other Non-Health Profs.	627.42
TOTAL	3,320.14

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	6,735	4,890	11,625
15-44	30,026	47,253	77,279
45-64	71,490	86,687	158,177
65-74	48,916	61,727	110,643
75+	29,052	36,452	65,504
TOTAL	186,219	237,009	423,228

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

Surgery Area	Procedure Rooms	Total Surgeries	Surgery Time (Hours)	Prep/Clean-Up Time (Hours)	Total Surgery Time (Hours)	Average Case Time (Hours)
Cataract Extraction		2,078	519.50	207.80	727.30	0.35
Cornea Transplant		11	8.25	2.92	11.17	1.02
Dermatology		14	35.00	4.50	39.50	2.82
Dialysis Access Inte		1,020	1.00	1.00	2.00	0.00
Dialysis Access Surg		444	2.50	1.00	3.50	0.01
elective terminatio		4,270	356.00	712.00	1,068.00	0.25
electrophysiology		313	226.50	173.50	400.00	1.28
ESRD Catheter, Fistu		386	15,440.00	11,773.00	27,213.00	70.50
Gastro-Intestinal		58	23.00	19.00	42.00	0.72
GASTROENTEROLOGY		329	246.50	123.00	369.50	1.12
Gastro-Intestinal	84	110,716	43,190.93	21,757.23	64,948.16	0.59
GI		302	157.00	76.00	233.00	0.77
Interventional Nephro		124	56.50	155.00	211.50	1.71
IVF PROCEDURES		811	210.25	270.50	480.75	0.59
Ketamine infusion th		70	203.25	14.00	217.25	3.10
Laser Eye	15	5,016	1,099.06	678.86	1,777.92	0.35
LASER EYE SURGERY		27	3.25	4.75	8.00	0.30
Mohs Surgery		1,255	1,443.25	411.50	1,854.75	1.48
Multi-Gyne		4	1.25	1.75	3.00	0.75
Multi-LaserEye		203	50.75	60.75	111.50	0.55
Multi-Pain		48	16.00	12.00	28.00	0.58
Ophthalmology		3,364	1,853.25	811.66	2,664.91	0.79
Ophthalmology - YAG		28	2.50	6.75	9.25	0.33
Orthopedic Manipulat		16	9.50	10.25	19.75	1.23
Pain Management	15	17,626	3,857.21	3,410.87	7,268.08	0.41
Pediatric IVIG infus		127	539.25	7.25	546.50	4.30
Plastic Surgery		1,780	882.75	583.50	1,466.25	0.82
Trabeculectomy		22	11.00	3.60	14.60	0.66
TOTALS	114	150,462	70,445.20	41,293.94	111,739.14	0.74

Source: Ambulatory Surgical Treatment Center Questionnaire for 2020, Illinois Department of Public Health

8/11/2021

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

The proposed service being added is necessary to improve access for the residents and patients served within the geographic service area.

There are only two ASTCs in the geographic service area that currently offer pain management procedures, and one of them, Hawthorn Place Outpatient Surgery Center has proven to limit access to Advocate Physician Partner patients as evidenced by the referral letters outlined in this application. The other ASTC that offers pain management procedures is Vernon Square Surgicenter and the facility currently meets the state's target utilization. The facility is also primarily focused on providing plastic surgery procedures as evidenced by the 2,331 surgery time utilized at the facility in 2020.

The remaining facilities where these procedures can be performed are hospitals. However, hospitals are not the best site to perform pain management procedures as the procedures can be completed safely and for lower costs as an outpatient procedure in an ASTC.

It should also be noted that the existing facility is a cooperative venture sponsored by multiple physician groups and the Advocate Condell Medical Center. Advocate Condell does currently provide outpatient services to the population of the geographic service area, the hospital has sufficient historical workload to justify the number of surgical treatment rooms, and the proposed charges for comparable procedures at the ASTC will be lower than those of Advocate Condell Medical Center.

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

The proposed project seeks to add a category of service that would allow patients to receive services in the geographic service area and the proposed project will not result in an unnecessary duplication, maldistribution, nor will it have a negative impact on area providers. Below is a list of licensed ASTCs and Hospitals within the geographic service area along with a list of approved categories of service at each facility. There are 557,580 individuals that reside in the existing geographic service area according to the most recent U.S. census figures.

Rather than assessing the question of unnecessary duplication and maldistribution solely on the existence of capacity on paper, we believe that what matters most is determining whether these services are in fact necessary in the community is a comprehensive evaluation of the existing facilities and issues faced by providers on the ground. This application was designed to have the least possible impact on existing hospitals and licensed ASTCs in the geographic service area.

The two facilities with the most potential for impact would be the ASTCs that currently offer procedures for pain management patients. However, as noted throughout the application, one of the facilities offering this service has limited access to Advocate Physician Partner patients as evidenced by the referral letters outlined in this application. Additionally, the facility currently offers procedures in 6 different categories of service, allowing the facility to easily backfill any available surgical time. In 2020, out of the facility's 4,356 hours of surgical time, only 132 hours or 3% were Pain Management procedures.

The other ASTC that offers pain management services, Vernon Square Surgicenter has 2 operating rooms and utilized 2,464 hours of surgical time and the facility hit the state's target utilization in 2020. The facility is also primarily focused on plastic surgery procedures which make up 94% of the total procedures performed at the facility. The addition of pain management to the Advocate Condell Surgery Center will have no impact on Vernon Square Surgicenter.

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

Facility Name	Number of Operating Rooms	Adjusted Distance (Miles)	Approved Categories of Service
Winchester Endoscopy, LLC 1870 W. Winchester Road, Suite 146 Libertyville, Illinois 60048	2 Procedure Rooms	3.6 Miles	Gastroenterology
Hawthorn Place Outpatient Surgery Center LP 240 Center Drive Vernon Hills, Illinois 60061	5 Operating Rooms	2 Miles	Oral/Maxillofacial; Orthopedic; Otolaryngology; Pain Management; Podiatry; Urology
Vernon Square SurgiCenter 230 Center Drive Vernon Hills, Illinois 60061	2 Operating Rooms	2 Miles	Pain Management; Plastic Surgery
Northwestern Grayslake Ambulatory Surgery Center 1475 E. Belvidere Road, Suite 211 Grayslake, Illinois 60030	4 Operating Rooms	5.3 Miles	General Surgery; OB / Gynecology; Ophthalmology; Orthopedic; Otolaryngology; Plastic Surgery; Podiatry; Urology
Northwestern Grayslake Endoscopy Center 1475 E. Belvidere Road, Suite 303 Grayslake, Illinois 60030	2 Procedure Rooms	5.3 Miles	Gastroenterology
Advocate Condell Medical Center 801 S. Milwaukee Avenue Libertyville, Illinois	12 Operating Rooms	0 Miles	Hospital
Highland Park Hospital 777 Park Avenue Highland Park, Illinois	10 Operating Rooms	9.5 Miles	Hospital
Northwestern Lake Forest Hospital 1000 North Westmoreland Road Lake Forest, Illinois	8 Operating Rooms	4.7 Miles	Hospital
Vista Medical Center East 1324 Sheridan Road Waukegan, Illinois	3 Operating Rooms	9.2 Miles	Hospital

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

The facility's Medical Director is Raghavender (Raghu) Thunga, M.D., who is an Anesthesiologist. The applicant has not traditionally had any difficulties in staffing their existing facility nor do they anticipate difficulty 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
Staffing- 1110.235(c)(8)

Raghavender (Raghu) Thunga MD

1507 Steeplechase Ct
 Libertyville, IL 60048
 rthunga@me.com
 Cell: 847-525-2627



EDUCATION

Medical College of Wisconsin - Milwaukee, WI Pain Management Fellow, Clinical Instructor/Staff	July 1996 to June 1997
Northwestern University Medical School - Chicago, IL Anesthesia Resident	July 1993 to June 1996
Evanston Hospital - Evanston, IL Internship	July 1992 to June 1993
Northwestern University Medical School - Chicago, IL M.D.	Sept 1988 to June 1992
Northwestern University - Evanston, IL Bachelor of Science; Major: Chemical Engineering	Sept 1984 to June 1988

EXPERIENCE

St. Alexius Medical Center - Hoffman Estates, IL Anesthesiologist	Oct 2019 to Present
Advocate Surgical Center - Libertyville, IL Anesthesiologist, Medical Director	Oct 2016 to Present
Red Oaks Surgical Center - Lindenhurst, IL Anesthesiologist, Co-Medical Director	August 2022 to Present
Advocate Condell Medical Center - Libertyville, IL Anesthesiologist	Oct 2000 to Present
Vista Medical Center - Waukegan, IL President of the Medical Staff (2013); Chief of Anesthesia (2010 – 2011); Medical Executive Board Member (2011- 2015)	Oct 2007 to Present
Lake County Pain Management - Libertyville, IL Director	Oct 2000 to 2009
Provena St. Therese Medical Center - Waukegan, IL Staff Anesthesiologist; Director Pain Clinic	July 1997 to Sept 2000

PROFICIENCIES

Regional blocks
 Open hearts, including basic TEE
 Basic pediatrics anesthesia

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

LEADERSHIP POSITIONS

Medical Director, Advocate Condell Surgical Center - Libertyville, IL	Oct 2016 to Present
Medical Director, Red Oaks Surgical Center - Lindenhurst, IL	August 2022 to Present
President, Lake County Anesthesiologists Division of MAP	Jan 2013 to Present
President of Medical Staff, Vista Medical Center - Waukegan, IL	Jan 2013 to Dec 2013
One World Surgery- Physician Leadership Council	Jan 2019 to Present
COO, LIG Global Foundation	Nov 2011 to Nov 2019
President, Lake County Medical Society	Jan 2007 to Dec 2007

CERTIFICATIONS

Diplomate of the American Board of Anesthesiology
ACLS, BLS, PALS

SOCIETY MEMBERSHIPS AND INVOLVEMENT**American Society of Anesthesiologists**

Past Alternate Delegate to ASA House of Delegates
Current Reviewer for Closed Claims Project
Past Member of Committee on Professional Liability

Illinois Society of Anesthesiologists

Past Delegate to ISA House of Delegates

Lake County Medical Society

Executive Board Member, 2004 to 2008
President 2007
Treasurer 2004, Secretary 2005, Vice President 2006
Chairman of Mini-internship program from 2010 to present

American Medical Association

Past Delegate to AMA House of Delegates
Past member of Committee on Professional Liability

PUBLICATIONS

Thunga, R. Botulinum Toxin for Myofascial Pain Syndrome: In Essentials of Pain Medicine & Regional Anesthesia.
Churchill Livingstone; 1999. p92-95

Thunga, R. Stellate Ganglion Block. In Essentials of Pain Medicine & Regional Anesthesia.
Churchill Livingstone; 1999. p441-443

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

COMMUNITY INVOLVEMENT

One World Surgery - Physician Leadership Council www.oneworldsurgery.org	2019- present
LIG Global Foundation - Co-founder and Chief Operating Officer Non-for-profit organization supporting medical mission work and volunteerism throughout the world. Please visit website for information. www.ligglobal.org	Nov 2011- 2019
Oak Grove School Education Foundation - Board member Non-for-profit alternative funding source for District 68 schools www.ogsef.org	2006-2010
Swayam Krishi Sangam Foundation - Board member NGO Foundation determined to eradicate poverty in India www.sksfoundation.org	2005-2012
Project Medishare - Physician volunteer Haiti Medishare field hospital www.projectmedishare.org	May -Oct 2010

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

A list of the relevant CPT codes for Pain Management procedures and charges 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.

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



Surgical Care Affiliates

August 10, 2023

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

Re: Advocate Condell Ambulatory Surgery Center, LLC – Charge Commitment

Dear Mr. Kniery:

As a representative of Advocate Condell Ambulatory Surgery Center, I, Michelle Remsen, commit that the charge schedule included in this certification of need application, which is a non-exhaustive list of the procedures typically performed within the new pain management surgical specialties, will not be increased, at a minimum, for the first two years after the addition of surgical specialties at the facility, unless a permit is first obtained pursuant to 77 Illinois Admin. Code Section 1130.31 0(a).

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

Sincerely,

A handwritten signature in black ink that reads "Michelle Remsen".

Michelle Remsen, MBA
Regional Director, Operations-SCA Health
Advocate Condell Ambulatory Surgery Center

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

CPT Code	CPT Description	Proposed Fee Schedule
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	1,000
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	1,000
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	1,000
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	3,395
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	2,508
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	1,000
10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	3,936
11000	DBRDMT EXTENSIV ECZEMA/INFECT SKN UP 10% BDY SURF	1,000
11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	1,088
11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	1,361
11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE	3,382
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	1,000
11041	Debridement, skin, full thickness	1,000
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	2,124
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	2,832
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	3,540
11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	1,000
11100	BPSY OF SKIN, SUBCUT TISS &/OR MUC MEMB, UNLESS OTHERWISE LISTED; SINGLE LESION	1,000
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	1,000
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	1,000
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	1,000
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	1,000
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	1,000
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	1,531
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	3,395
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	3,395
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	1,532
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	1,531
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	1,532
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	3,395
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	3,429
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	4,511
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	1,000

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

CPT Code	CPT Description	Proposed Fee Schedule
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	1,000
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	1,531
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	1,531
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	1,961
11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	4,511
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	1,000
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	1,000
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	1,000
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	1,531
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	1,531
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	3,395
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	1,531
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	1,000
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	1,532
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	3,395
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	3,395
11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	4,511
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	1,531
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	1,531
11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	1,531
11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	1,531
11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	3,395
11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	4,511
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	1,000
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	1,000
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	1,000
11740	EVACUATION SUBUNGUAL HEMATOMA	2,653
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	1,878
11752	EXCIS OF NAIL & NAIL MATRIX, PRTL OR CMPLT, FOR PERM RMVL; W/ AMPUT OF TUFT OF DISTAL PHALANX	4,511
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	1,822
11760	REPAIR NAIL BED	1,878
11762	RECONSTRUCTION NAIL BED W/GRAFT	1,000
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	2,351

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

CPT Code	CPT Description	Proposed Fee Schedule
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	1,000
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	1,000
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	1,000
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	1,000
12032	REPAIR INTERMEDIATE S/AT/E 2.6-7.5 CM	1,000
12035	REPAIR INTERMEDIATE S/AT/E 12.6-20.0CM	1,000
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	1,000
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	1,000
12052	REPAIR INTERMEDIATE F/E/E/N/L&MUC 2.6-5.0 CM	1,000
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	1,183
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	1,000
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	4,526
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	1,824
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	4,528
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	1,000
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	1,000
13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	4,818
14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	4,818
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	6,036
14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	9,776
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	3,176
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	11,315
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	3,176
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	3,176
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	5,117
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	3,493
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	3,272
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	1,183
15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	2,789
15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	3,019
15100	SPLIT AGRFT T/A/L 1ST 100 CM/&1% BDY INFT/CHLD	4,818
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	5,117
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	3,725

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

CPT Code	CPT Description	Proposed Fee Schedule
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<	1,863
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<	3,725
15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<	1,863
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	3,725
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<	1,863
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	3,725
15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<	1,863
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	5,117
15274	APP SKN SUB GRFT T/A/L AREA>=100SCM ADL 100SQCM	2,524
15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	2,789
15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	1,269
15277	SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST 100SQ CM	2,789
15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	10,562
15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	12,071
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	4,818
15769	GRAFTING of autologous soft tissue, other, harvested by direct excision (e.g. FAT, dermis, fascia)	5,847
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	3,507
15837	EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	3,395
15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	1,000
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	1,000
15852	DRESSING CHANGE UNDER ANESTHESIA	1,000
17000	DESTRUCTION PREMALIGNANT LESION 1ST	1,000
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS); DEEP OR COMPLICATED	4,691
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	2,161
20205	BIOPSY MUSCLE DEEP	3,395
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	1,961
20225	BIOPSY BONE TROCAR/NEEDLE DEEP	1,961
20240	BIOPSY BONE OPEN SUPERFICIAL	4,511
20245	BIOPSY BONE OPEN DEEP	4,511
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	1,000
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	6,399
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	1,000

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

CPT Code	CPT Description	Proposed Fee Schedule
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	2,653
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	1,000
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	1,000
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	1,000
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	1,000
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	1,000
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	1,000
20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	4,692
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	3,446
20680	REMOVAL IMPLANT DEEP	4,578
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	12,775
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	27,677
20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	9,534
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	6,399
20696	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	40,371
20697	XTRNL FIXJ W/STRCTC ADJUSTMENT EXCHANGE STRUT	5,690
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	9,534
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	9,534
20924	TENDON GRAFT FROM A DISTANCE	9,534
20926	TISSUE GRAFTS OTHER	5,234
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	2,166
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	4,692
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	11,250
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	11,250
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	5,626
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR	5,965
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	28,634
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	7,774
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	28,659
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	29,273
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	14,353
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	46,194
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	14,630

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

CPT Code	CPT Description	Proposed Fee Schedule
23066	BIOPSY SOFT TISSUE SHOULDER DEEP	6,211
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	4,003
23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	4,022
23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	5,290
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	7,405
23120	CLAVICULECTOMY PARTIAL	11,386
23125	CLAVICULECTOMY TOTAL	12,421
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	12,421
23182	PARTIAL EXCISION BONE SCAPULA	9,534
23350	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	1,000
23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	14,916
23405	TENOTOMY SHOULDER AREA 1 TENDON	9,534
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	9,534
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	10,351
23415	CORACOACROMIAL LIGAMENT RELEAS WWOACROMIOPLASTY	9,534
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	12,421
23430	TENODESIS LONG TENDON BICEPS	9,534
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	14,966
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	14,966
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	15,065
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	9,534
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST WWO BONE BLK	14,966
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	9,534
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	24,096
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	29,692
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	33,542
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	36,508
23480	OSTEOTOMY CLAVICLE WWO INTERNAL FIXATION	9,534
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	13,083
23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	9,534
23552	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	12,999
23585	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	12,989
23615	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	28,192

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

CPT Code	CPT Description	Proposed Fee Schedule
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	12,862
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	3,281
23670	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX	12,862
23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ	4,232
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	4,142
23929	UNLISTED PROCEDURE SHOULDER	4,244
23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	4,313
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	3,936
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	7,246
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	5,649
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	3,395
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	6,211
24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	4,008
24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	3,451
24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	5,290
24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	7,246
24077	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	8,282
24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	6,211
24101	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	8,282
24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	8,282
24105	EXCISION OLECRANON BURSA	7,246
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	4,692
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	4,692
24130	EXCISION RADIAL HEAD	9,316
24140	PARTIAL EXCISION BONE HUMERUS	10,351
24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK	10,351
24147	PARTIAL EXCISION BONE OLECRANON PROCESS	10,351
24149	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	10,351
24155	RESECTION ELBOW JOINT ARTHRECTOMY	9,316
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	1,000
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	6,211
24300	MANIPULATION ELBOW UNDER ANESTHESIA	4,142
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	9,534

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

CPT Code	CPT Description	Proposed Fee Schedule
24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	8,282
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	8,282
24332	TENOLYSIS TRICEPS	4,692
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	9,534
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	10,351
24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL WWO TDN GRF	10,351
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	10,351
24344	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	15,187
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	10,351
24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	19,477
24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS);	6,211
24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH EXTENSOR ORIGIN DETACHMENT	7,246
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH ANNULAR LIGAMENT RESECTION	7,246
24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH STRIPPING	7,246
24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH PARTIAL OSTECTOMY	8,282
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	6,211
24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	7,405
24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	8,463
24360	ARTHROPLASTY ELBOW W/MEMBRANE	9,534
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	41,538
24363	ARTHROPLASTY ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	51,437
24365	ARTHROPLASTY RADIAL HEAD	29,202
24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT	31,046
24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT	27,290
24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	29,019
24538	PRQ SKEL FIXJ SPRCONDYL/TRANSCONDYL HUMERAL FX	9,534
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	27,906
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	46,223
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	25,209
24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	1,000

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

CPT Code	CPT Description	Proposed Fee Schedule
24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	25,640
24586	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	20,887
24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	3,281
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	12,862
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	13,306
24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	4,142
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	9,534
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	30,888
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	1,150
24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	2,755
24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	12,527
25000	INCISION EXTENSOR TENDON SHEATH WRIST	5,331
25001	INCISION FLEXOR TENDON SHEATH WRIST	6,554
25028	I&D FOREARM&WRIST DEEP ABSCESS/HEMATOMA	5,176
25035	INCISION DEEP BONE CORTEX FOREARM&WRIST	9,534
25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	10,923
25065	BIOPSY SOFT TISSUE FOREARM&WRIST SUPERFICIAL	1,531
25066	BIOPSY SOFT TISSUE FOREARM&WRIST DEEP	5,331
25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	4,008
25073	EXC TUMOR SFT TISS FOREARM&WRIST SUBFASC 3CM/>	4,008
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	5,331
25076	EXC TUMOR SOFT TISS FOREARM&WRIST SUBFASC <3CM	7,106
25077	RAD RESECT TUMOR SOFT TISS FOREARM&WRIST <3 CM	7,996
25078	RAD RESCJ TUM SOFT TISSUE FOREARM&WRIST 3 CM/>	3,451
25085	CAPSULOTOMY WRIST	7,996
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	5,331
25101	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	7,996
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	8,884
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	7,996
25109	EXC TENDON FOREARM&WRIST FLEXOR/EXTENSOR EA	5,331
25110	EXCISION LESION TENDON SHEATH FOREARM&WRIST	7,106
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	7,106
25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	8,884

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

CPT Code	CPT Description	Proposed Fee Schedule
25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	7,996
25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	7,996
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	5,733
25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	5,649
25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	5,649
25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	8,884
25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	5,649
25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	9,534
25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	12,631
25150	PARTIAL EXCISION BONE ULNA	8,739
25151	PARTIAL EXCISION BONE RADIUS	8,739
25210	CARPECTOMY 1 BONE	7,106
25215	CARPECTOMY ALL BONES PROXIMAL ROW	8,884
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	7,996
25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE	7,996
25246	INJECTION WRIST ARTHROGRAPHY	1,000
25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	7,107
25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	5,648
25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	5,648
25259	MANIPULATION WRIST UNDER ANESTHESIA	3,554
25260	RPR TDN/MUSC FLXR F/ARM&WRST PRIM 1 EA TDN/MU	7,996
25263	RPR TDN/MUSC FLXR F/ARM&WRIST SEC 1 EA TDN/MUS	9,534
25265	RPR TDN/MUSC FLXR F/ARM&WRISTSEC FR GRF EA	7,106
25270	RPR TDN/MUSC XTNSR F/ARM&WRIST PRIM 1 EA TDN	7,996
25272	RPR TDN/MUSC XTNSR F/ARM&WRIST SEC 1 EA TDN/MU	7,106
25274	RPR TDN/MUSC XTNSR F/ARM&WRST SEC FR GRF EA TDN	7,996
25275	RPR TENDON SHEATH EXTENSOR F/ARM&WRIST W/GRAFT	7,996
25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&WRIST 1 EA TDN	7,996
25290	TNOT FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	7,106
25295	TNOLS FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	7,106
25300	TENODESIS WRIST FLEXORS FINGERS	7,106
25301	TENODESIS WRIST EXTENSORS FINGERS	7,106
25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRST 1 EA TDN	9,237

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

CPT Code	CPT Description	Proposed Fee Schedule
25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRST 1/TDN GR	9,237
25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	9,534
25332	ARTHRP WRST WWO INTERPOS WWO XTRNL/INT FIXJ	10,923
25337	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	9,534
25350	OSTEOTOMY RADIUS DISTAL THIRD	15,187
25360	OSTEOTOMY ULNA	9,831
25390	OSTEOPLASTY RADIUS/ULNA SHORTENING	13,424
25394	OSTEOPLASTY CARPAL BONE SHORTENING	7,662
25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	13,449
25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	13,299
25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	14,966
25430	INSERTION VASCULAR PEDICLE CARPAL BONE	10,923
25431	REPAIR NONUNION CARPAL BONE EACH BONE	10,923
25440	RPR NONUNION SCAPHOID CARPAL BNE WWO RDL STYLEC	15,187
25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	13,293
25446	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	43,711
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	8,884
25449	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	9,534
25450	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	9,237
25455	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	9,237
25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	4,370
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	12,797
25520	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	3,554
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	9,534
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	12,673
25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	1,000
25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	3,554
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	12,553
25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	3,554
25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	13,501
25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	13,127
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	1,000
25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	3,554

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

CPT Code	CPT Description	Proposed Fee Schedule
25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	7,106
25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	13,730
25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	13,671
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	13,727
25611	PERCUT SKEL FIX OF DIS RAD FX OR EPIPHYS SEP, W/ OR W/O FX OF ULN STYL, REQ MANIP, W/ OR W/O EXT FIX	4,443
25620	OP TRTMT OF DIS RAD FX OR EPIPHYS SEP, W/ OR W/O FX OF ULN STYL, W/ OR W/O INT OR EXT FIX	7,106
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	1,778
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	3,554
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	9,534
25630	CLTX CARPAL BONE FX W/O MANJ EACH BONE	1,000
25635	CLTX CARPAL BONE FX W/MANJ EACH BONE	3,554
25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	8,438
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	1,350
25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	5,738
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	9,534
25660	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	3,554
25670	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	9,534
25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	5,738
25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	3,554
25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	9,534
25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	3,554
25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	9,534
25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	3,554
25695	OPEN TREATMENT LUNATE DISLOCATION	9,534
25800	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	15,187
25805	ARTHRODESIS WRIST W/SLIDING GRAFT	14,916
25810	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	27,048
25820	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	12,960
25825	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	12,885
25830	ARTHRO DSTL RAD/ULN JT SGM TL RSCJ ULNA W/WO BONE	14,966
26010	DRAINAGE FINGER ABSCESS SIMPLE	1,000
26011	DRAINAGE FINGER ABSCESS COMPLICATED	3,554

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

CPT Code	CPT Description	Proposed Fee Schedule
26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	5,331
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	4,375
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	5,331
26034	INCISION BONE CORTEX HAND/FINGER	7,106
26040	FASCIOTOMY PALMAR PERCUTANEOUS	7,996
26045	FASCIOTOMY PALMAR OPEN PARTIAL	7,996
26055	TENDON SHEATH INCISION	7,106
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	6,219
26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	5,331
26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	5,331
26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	5,331
26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	5,331
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	4,443
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	4,443
26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	3,005
26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	4,008
26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	4,578
26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	5,331
26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	7,106
26121	FASCT PALM WWO Z-PLASTY TISSUE REARGMT/SKN GRFT	7,996
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT WWO RPR	8,884
26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT WWO RPR	4,443
26130	SYNOVECTOMY CARPOMETACARPAL JOINT	7,996
26135	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	7,106
26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	7,106
26145	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	7,106
26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	5,331
26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	7,106
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	7,106
26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	6,219
26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	5,331
26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	9,534
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	5,331

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

CPT Code	CPT Description	Proposed Fee Schedule
26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	7,106
26230	PARTIAL EXCISION BONE METACARPAL	8,884
26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	7,996
26236	PARTIAL EXCISION DISTAL PHALANX FINGER	7,996
26250	RADICAL RESECTION TUMOR METACARPAL	7,996
26255	RADICAL RESECTION, METACARPAL (EG, TUMOR); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	8,884
26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	7,996
26261	RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	8,884
26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	7,106
26320	REMOVAL IMPLANT FROM FINGER/HAND	4,443
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	2,425
26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	6,219
26352	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	9,534
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	7,996
26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	7,996
26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	9,534
26370	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	7,996
26372	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	9,534
26373	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	7,106
26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	12,651
26392	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	9,534
26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	5,331
26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	7,106
26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	8,884
26416	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	7,106
26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	5,331
26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	7,106
26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	6,219
26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	7,996
26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	5,331
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	5,331
26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	7,996

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

CPT Code	CPT Description	Proposed Fee Schedule
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	6,664
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	5,776
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	4,375
26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	7,647
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	3,632
26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	5,331
26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	5,169
26474	TENODESIS DISTAL JOINT EACH	3,668
26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	5,776
26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH	5,776
26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	7,996
26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	8,884
26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	7,996
26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	9,534
26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	7,106
26504	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON PROSTHESIS (SEPARATE PROCEDURE)	8,884
26508	RELEASE THENAR MUSCLE	7,106
26510	CROSS INTRINSIC TRANSFER EACH TENDON	7,106
26516	CAPSULODESIS MTCARPHLNGJL JOINT SINGLE DIGIT	5,817
26517	CAPSULODESIS MTCARPHLNGJL JOINT 2 DIGITS	7,996
26518	CAPSULODESIS MTCARPHLNGJL JOINT 3/4 DIGITS	9,534
26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGJL JOINT EACH	7,106
26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	7,106
26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	9,534
26531	ARTHRP MTCARPHLNGJL JT W/PROSTC IMPLT EA JT	13,676
26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	7,520
26536	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	12,654
26540	RPR COLTRL LIGM MTCARPHLNGJL/IPHAL JT	7,996
26541	RCNSTJ COLTRL LIGM MTCARPHLNGJL 1 W/TDN/FSCAL GRF	9,772
26542	RCNSTJ COLTRL LIGM MTCARPHLNGJL 1 W/LOCAL TISS	9,772
26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	8,884
26546	RPR NON-UNION MTCRPL/PHALANX	9,534
26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	7,996

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

CPT Code	CPT Description	Proposed Fee Schedule
26560	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	7,106
26561	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	8,884
26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX	9,772
26565	OSTEOTOMY METACARPAL EACH	8,884
26567	OSTEOTOMY PHALANX FINGER EACH	8,884
26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	5,817
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	7,996
26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	1,000
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	1,000
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	5,823
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	8,563
26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	1,778
26645	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	2,666
26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	5,738
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	8,438
26670	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	1,000
26675	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	3,554
26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	5,823
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	8,438
26686	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	12,862
26705	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	3,554
26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	4,375
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	8,438
26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	1,000
26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	2,666
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	5,823
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	8,563
26740	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	1,000
26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	2,425
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	8,438
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	1,000
26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	1,000
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	5,823

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

CPT Code	CPT Description	Proposed Fee Schedule
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	8,563
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	1,000
26775	CLTX IPHAL JT DISLC W/MANJ REQ ANES	3,281
26776	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	5,738
26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	6,219
26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	13,075
26841	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	9,534
26842	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	9,534
26843	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	9,534
26844	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	9,534
26850	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	9,534
26852	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	9,534
26860	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	7,996
26861	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	5,816
26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	8,884
26863	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	5,816
26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	5,817
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	5,331
26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	6,219
27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	7,243
27025	FASCIOTOMY HIP/THIGH ANY TYPE	5,169
27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	4,374
27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	4,511
27060	EXCISION ISCHIAL BURSA	9,534
27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	4,692
27066	EXCISION BONE CYST/BENIGN TUMOR DEEP	5,656
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	1,000
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	1,000
27096	INJECT SI JOINT ARTHROGRPHY&/ANES/STEROID W/IMA	1,000
27125	HEMIARTHROPLASTY HIP PARTIAL	24,004
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	31,615
27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	34,468
27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	7,662

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

CPT Code	CPT Description	Proposed Fee Schedule
27218	OPTX POST PEL BONE FX&DISLC INT FIXJ IF PFRMD	15,389
27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	5,649
27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA	3,281
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	53,263
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	3,936
27305	FASCIOTOMY ILIOTIBIAL OPEN	4,692
27306	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	4,692
27307	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	5,965
27310	ARTHRT KNE W/EXPL DRG/RMVL FB	9,218
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	4,742
27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	4,511
27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	5,532
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	7,112
27337	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	3,451
27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	3,702
27340	EXCISION PREPATELLAR BURSA	5,532
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	6,321
27347	EXCISION LESION MENISCUS/CAPSULE KNEE	6,321
27350	PATELLECTOMY/HEMIPATELLECTOMY	9,534
27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR	5,733
27360	PRTL EXC BONE FEMUR PROX TIBIA&FIBULA	5,649
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	6,321
27380	SUTURE INFRAPATELLAR TENDON PRIMARY	9,534
27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	9,534
27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	9,534
27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	9,534
27403	ARTHROTOMY W/MENISCUS REPAIR KNEE	12,596
27405	RPR PRIMARY TORN LIGM&CAPSULE KNEE COLLATERAL	13,167
27407	REPAIR PRIMARY TORN LIGM&CAPSULE KNEE CRUCIAT	14,966
27409	RPR 1 TORN LIGM&CAPSL KNE COLTRL&CRUCIATE	9,534
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	10,229
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	32,004
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	9,534

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

CPT Code	CPT Description	Proposed Fee Schedule
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	11,250
27420	RCNSTJ DISLOCATING PATELLA	9,534
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	9,534
27425	LATERAL RETINACULAR RELEASE OPEN	7,902
27427	LIGAMENOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	12,348
27428	LIGAMENOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	26,245
27430	QUADRICEPSPLASTY	14,484
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	26,752
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	28,823
27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	46,234
27447	ARTHRP KNEE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	29,281
27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	22,847
27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	22,847
27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	6,802
27475	ARREST EPIPHYSEAL DISTAL FEMUR	9,534
27477	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	5,648
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	9,534
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	4,690
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	37,734
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	4,231
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	15,389
27524	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	13,167
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	11,234
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENOUS REPAIR	8,357
27566	OPTX PATELLAR DISLC WWO PRTL/TOT PATELLECTOMY	9,534
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	3,330
27600	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	4,692
27602	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	4,738
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	3,936
27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	4,592
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	4,692
27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	5,824
27612	ARTHRT PST CAPSUL RLS ANKLE WWO ACHLL TDN LNTH	7,489

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

CPT Code	CPT Description	Proposed Fee Schedule
27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	1,532
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	4,993
27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	6,657
27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	4,161
27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	6,657
27620	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	6,657
27625	ARTHROTOMY W/SYNOVECTOMY ANKLE	5,649
27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	6,657
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	4,993
27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	4,003
27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	3,937
27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	6,657
27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	9,534
27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	9,534
27640	PARTIAL EXCISION BONE TIBIA	9,373
27641	PARTIAL EXCISION BONE FIBULA	5,824
27648	INJECTION ANKLE ARTHROGRAPHY	1,000
27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	9,534
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	15,187
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	9,534
27656	REPAIR FASCIAL DEFECT LEG	6,657
27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	4,692
27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	9,534
27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	9,534
27665	RPR EXTENSOR TENDON LEG SECONDARY W/WO GRAFT EACH	9,534
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	6,657
27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	9,534
27680	TENOLYSIS FLXR/XSNSR TENDON LEG&/ANKLE 1 EACH	5,650
27681	TNOLS FLXR/XSNSR TDN LEG&/ANKLE MLT TDN	7,489
27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	5,733
27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	7,489
27687	GASTROCNEMIUS RESECTION	7,489
27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	9,534

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

CPT Code	CPT Description	Proposed Fee Schedule
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	9,534
27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	9,235
27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	9,534
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	9,534
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	9,534
27705	OSTEOTOMY TIBIA	13,732
27707	OSTEOTOMY FIBULA	6,657
27709	OSTEOTOMY TIBIA & FIBULA	19,477
27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	13,086
27724	RPR NON/MAL TIBIA W/IILIAC/OTH AGRFT	11,250
27726	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	13,330
27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	5,649
27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	5,649
27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	5,649
27752	CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	3,329
27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	13,930
27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	27,522
27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	27,173
27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	1,666
27762	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	3,329
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	9,534
27780	CLTX PROX FIBULA/SHFT FX W/O MANJ	1,666
27781	CLTX PROX FIBULA/SHFT FX W/MANJ	3,329
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	9,534
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	1,666
27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	3,329
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	12,600
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	1,666
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	3,329
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	12,800
27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	1,666
27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	3,329
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	12,746

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

CPT Code	CPT Description	Proposed Fee Schedule
27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	12,862
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	1,666
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	3,329
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	13,317
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	27,265
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	27,742
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	9,534
27830	CLTX PROX TIBFIB JT DISLC W/O ANES	1,666
27831	CLTX PROX TIBFIB JT DISLC REQ ANES	4,375
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	9,534
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	1,666
27842	CLTX ANKLE DISLC REQ ANES WWO PRQ SKEL FIXJ	3,329
27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	9,534
27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	14,045
27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	4,375
27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	4,792
28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	5,824
28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	6,657
28005	INCISION BONE CORTEX FOOT	6,657
28008	FASCIOTOMY FOOT&/TOE	4,993
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	4,592
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	5,824
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	5,824
28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	5,824
28030	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	5,824
28035	RELEASE TARSAL TUNNEL	6,657
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	3,451
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	3,382
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	4,511
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	5,824
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	6,657
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	3,451
28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	5,824

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

CPT Code	CPT Description	Proposed Fee Schedule
28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	5,824
28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	5,824
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	4,013
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	6,657
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	7,489
28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	9,534
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	5,169
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	4,993
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	4,993
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	4,993
28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	4,592
28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	9,534
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	4,668
28106	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	9,534
28107	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	9,534
28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT	5,824
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	5,824
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	5,824
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	5,824
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	4,993
28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	8,321
28116	OSTECTOMY TARSAL COALITION	6,657
28118	OSTECTOMY CALCANEUS	6,885
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	6,657
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	7,489
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	5,824
28124	PARTIAL EXCISION BONE PHALANX TOE	4,993
28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	4,592
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	4,592
28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	6,005
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	1,666
28192	REMOVAL FOREIGN BODY FOOT DEEP	3,446
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	4,993

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

CPT Code	CPT Description	Proposed Fee Schedule
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	6,657
28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	9,534
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	6,657
28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	11,274
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	4,592
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	4,592
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	4,592
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	4,592
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	9,534
28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	6,657
28250	DIVISION PLANTAR FASCIA & MUSCLE SPX	6,657
28264	CAPSULOTOMY MIDTARSAL	9,184
28270	CAPSUL MTTARPHLNGL JT WWO TENORRHAPHY EA JT SPX	4,993
28280	SYNDACTYLIZATION TOES	6,657
28285	CORRECTION HAMMERTOES	9,438
28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	5,824
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	5,824
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	5,824
28290	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; SIMPLE EXOSTECTOMY	6,657
28292	CORRJ HALLUX VALGUS W/SESMD C W/RESCJ PROX PHAL	6,657
28293	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; RESECTION OF JOINT WITH IMPLANT	7,489
28294	CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY W/ TNDN TRNSPLNT	7,489
28295	CORRJ HALLUX VALGUS W/SESMD C W/PROX METAR OSTEOT	6,657
28296	CORRJ HALLUX VALGUS W/SESMD C W/DIST METAR OSTEOT	6,657
28297	CORRJ HALLUX VALGUS W/SESMD C W/1METAR MEDIAL CNF	13,675
28298	CORRJ HALLUX VALGUS W/SESMD C W/PROX PHLNX OSTEOT	9,534
28299	CORRJ HALLUX VALGUS W/SESMD C W/2 OSTEOT	9,534
28300	OSTEOTOMY CALCANEUS WWO INTERNAL FIXATION	12,752
28302	OSTEOTOMY TALUS	9,534
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	9,534
28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	13,730

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

CPT Code	CPT Description	Proposed Fee Schedule
28306	OSTEOT WWO LNGTH SHRT/CORRJ 1ST METAR	9,534
28307	OSTEOT WWO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	9,534
28308	OSTEOT WWO LNGTH SHRT/CORRJ METAR XCP 1ST EA	5,824
28309	OSTEOT WWO LNGTH SHRT/ANGULAR CORRJ METAR MLT	9,534
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	9,534
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	5,824
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	5,824
28315	SESAMOIDECTOMY FIRST TOE SPX	5,824
28320	REPAIR NONUNION/MALUNION TARSAL BONES	30,192
28322	RPR NON/MALUNION METARSAL WWO BONE GRAFT	13,004
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	6,657
28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	7,489
28344	RECONSTRUCTION TOE POLYDACTYLY	7,489
28345	RCNSTJ TOE SYNDACTYLY WWO SKIN GRAFT EACH WEB	7,489
28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	1,666
28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	3,329
28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	9,534
28415	OPEN TREATMENT CALCANEAL FRACTURE	13,178
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	28,058
28435	CLOSED TX TALUS FRACTURE W/MANIPULATION	3,329
28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	9,534
28445	OPEN TREATMENT TALUS FRACTURE	12,372
28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	1,000
28456	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	9,534
28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	13,030
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	1,000
28475	CLTX METAR FX W/MANJ	3,329
28476	PRQ SKEL FIXJ METAR FX W/MANJ	5,738
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	12,692
28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	5,738
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	8,563
28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	1,030
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	1,000

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

CPT Code	CPT Description	Proposed Fee Schedule
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	8,563
28531	OPEN TX SESAMOID FRACTURE WWO INTERNAL FIXATION	9,534
28545	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	5,738
28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	5,738
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	9,534
28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	4,375
28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	9,534
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	14,061
28605	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	3,329
28606	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	5,738
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	12,432
28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES	3,329
28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	5,738
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	8,438
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	3,281
28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	5,738
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	8,438
28705	ARTHRODESIS PANTALAR	39,377
28715	ARTHRODESIS TRIPLE	30,059
28725	ARTHRODESIS SUBTALAR	27,610
28730	ARTHROD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	29,706
28735	ARTHROD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	30,003
28737	ARTHROD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	28,522
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	14,096
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	13,837
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	9,534
28760	ARTHROD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	9,534
28805	AMPUTATION FOOT TRANSMETARSAL	3,723
28810	AMPUTATION METATARSAL W/TOE SINGLE	4,993
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	4,993
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	4,993
28899	UNLISTED PROCEDURE FOOT/TOES	7,489
29065	APPLICATION CAST SHOULDER HAND LONG ARM	1,000

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

CPT Code	CPT Description	Proposed Fee Schedule
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	1,000
29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	1,000
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	1,000
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	1,000
29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	1,000
29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	1,000
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	1,000
29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISER JACKET	1,000
29805	ARTHROSCOPY SHOULDER DX WWO SYNOVIAL BIOPSY SPX	7,400
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	11,845
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	11,845
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	9,866
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	9,866
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	9,866
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	9,866
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	17,510
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	9,866
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS WWO MANIPJ	9,866
29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	7,292
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	10,380
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	9,534
29830	ARTHROSCOPY ELBOW DIAG WWO SYNOVIAL BIOPSY SPX	7,400
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	9,044
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	9,044
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	9,534
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	9,044
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	9,044
29840	ARTHROSCOPY WRIST DIAG WWO SYNOVIAL BIOPSY SPX	6,530
29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	8,222
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	8,222
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	8,222
29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCARD&/JOINT	9,044
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	9,534

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

CPT Code	CPT Description	Proposed Fee Schedule
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	8,343
29850	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	6,435
29851	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	10,229
29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	14,633
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	9,534
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	9,534
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	10,229
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	10,229
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	10,229
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	28,857
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	34,468
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	7,400
29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	9,044
29873	ARTHROSCOPY KNEE LATERAL RELEASE	9,044
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	9,044
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	9,044
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	9,044
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	9,044
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	9,044
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	9,044
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	9,044
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	9,044
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	9,044
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	9,044
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	10,229
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	9,044
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	9,534
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	13,173
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	26,056
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	7,400
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	9,534
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	5,976
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	7,400

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

CPT Code	CPT Description	Proposed Fee Schedule
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	7,400
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	8,222
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	8,222
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	12,361
29900	ARTHROSCOPY METACARPPOPHALANGEAL SYNOVIAL BIOPSY	4,375
29914	ARTHROSCOPY HIP W/FEMOROPLASTY	9,534
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	9,534
29916	ARTHROSCOPY HIP W/LABRAL REPAIR	9,534
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	5,140
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	8,609
37618	LIGATION MAJOR ARTERY EXTREMITY	5,308
38220	DIAGNOSTIC BONE MARROW ASPIRATIONS	1,000
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	8,377
62310	INJ, SNGL, NOT INCL NEURO SUBST, W/ OR W/O CONTRAST, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	1,971
62311	INJ, SNGL, NOT INCL NEURO SUBST, W/ OR W/O CONTRAST, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)	1,971
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	1,163
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	1,163
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	9,856
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	3,132
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	49,204
62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	7,381
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	1,000
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	2,421
63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVIC	10,498
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	9,924
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	7,541
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	9,924
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	9,924
63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	9,924
63048	LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	2,685
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	9,924
63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	11,212

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

CPT Code	CPT Description	Proposed Fee Schedule
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	15,355
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	2,807
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	19,044
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	79,811
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	6,278
64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	1,000
64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	2,051
64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	1,396
64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	2,051
64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	1,000
64455	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	1,997
64470	INJ, ANES AGENT &/OR STRD, PRVRTBL FCT JNT OR FCT JNT NRV; CRVCL OR THOR, SINGLE LVL	1,971
64472	INJ, ANES AGENT &/OR STRD, PRVRTBL FCT JNT OR FCT JNT NRV; CRVCL OR THOR, EA ADDTL LVL	1,971
64475	INJ, ANES AGENT &/OR STRD, PRVRTBL FCT JNT OR FCT JNT NRV; LUMBAR OR SACRAL, SINGLE LVL	1,971
64476	INJ, ANES AGENT &/OR STRD, PRVRTBL FCT JNT OR FCT JNT NRV; LUMBAR OR SACRAL, EA ADDTL LVL	1,971
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	2,051
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	1,971
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	1,971
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	1,396
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	1,000
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	1,000
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	1,396
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	1,000
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	1,000
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	1,465
64520	INJECTION ANES LMBR/THRC PARAVERTEBRL SYMPATHETIC	1,465
64622	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMBAR OR SACRAL, SINGLE LEVEL	2,736
64623	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; LUMB OR SACR, EACH ADDTL LVL	1,000
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	1,288

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

CPT Code	CPT Description	Proposed Fee Schedule
64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	5,564
64704	NEUROPLASTY NERVE HAND/FOOT	5,564
64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	11,126
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	4,013
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	11,126
64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	11,126
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	8,343
64722	DECOMPRESSION UNSPECIFIED NERVE	5,789
64726	DECOMPRESSION PLANTAR DIGITAL NERVE	4,013
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	1,000
64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	4,013
64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	8,343
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	9,735
64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	4,012
64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	9,735
64783	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	5,564
64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	10,134
64787	IMPLANTATION NERVE END BONE/MUSCLE	8,343
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	4,013
64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	4,013
64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	4,053
64821	SYMPATHECTOMY RADIAL ARTERY	5,817
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	11,126
64832	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	7,450
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	8,686
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	10,134
64836	SUTURE 1 NERVE ULNAR MOTOR	7,452
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	5,578
64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	7,452
64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	11,582
64890	NERVE GRAFT 1 STRAND HAND/FOOT <4 CM	7,452
64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	7,452
64895	NERVE GRAFT MLT STRANDS HAND/FOOT <4 CM	7,452

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

CPT Code	CPT Description	Proposed Fee Schedule
64910	NERVE REPAIR W/CONDUIT EACH NERVE	11,582
73115	RADEX WRIST ARTHROGRAPHY RS&I	1,000
76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	1,000
76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT ASPIRATION, INJECTION	1,000
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	1,000
77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	1,000
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	1,000
95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	1,365
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	2,027
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	1,000
G0260	INJ PROC FOR SACRO JNT; PROV OF ANES, STROID AND/OR OTH THERAP AGNT & ARTHRO SPCL CVRG INSTR	1,000
G0289	ARTHROSCOPY, KNEE, SURGICAL CHONDROPLASTY	9,044

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



Surgical Care Affiliates™

August 10, 2023

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

Re: Advocate Condell Ambulatory Surgery Center, LLC – Assurances and Peer Review Program

Dear Mr. Kniery:

As a representative of Advocate Condell Ambulatory Surgery Center, I, Michelle Remsen, attest that 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 the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated. Furthermore, it is the Applicant's full anticipation that, by the end of the second year following the project completion that the proposed facility will operate at or in excess of the utilization standards identified in 77 Illinois Admin. Code Section 1125.210(c).

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

Sincerely,

A handwritten signature in black ink that reads "Michelle Remsen".

Michelle Remsen, MBA
Regional Director, Operations-SCA Health
Advocate Condell Ambulatory Surgery Center

ATTACHMENT 34
Availability of Funds

NOT APPLICABLE - The proposed project is for the addition of the Pain Management category of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 35
Financial Waiver

NOT APPLICABLE - The proposed project is for the addition of the Pain Management category of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 36
Financial Viability

NOT APPLICABLE - The proposed project is for the addition of the Pain Management category of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 37
Economic Feasibility

NOT APPLICABLE - The proposed project is for the addition of the Pain Management category of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

ATTACHMENT 38 Safety Net Impact Statement

The project is not expected to have a material negative impact on the essential safety net services in the community. The facility serves a diverse patient base, that is diverse in racial make-up and economic status. Given that this facility is a cooperative venture with Advocate Condell Medical Center, the Applicant can attest that the proposed project should not have any impact on the provider's ability to cross-subsidize safety net services.

Below is breakdown by patient payor mix which reflects that facility does provide services to all patients and currently accepts patients who utilize Illinois Medicaid as their primary insurance.

Current Patient Base from May 2022 through May 2023

Payor Name	% of Patients Treated at Facility
Blue Cross Blue Shield	40.7%
Medicaid	3.6%
Medicare	50.7%
Worker's Compensation	4.3%
Other Payors	0.6%

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
Charity (cost in dollars)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
MEDICAID			
Medicaid (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	40	-	90
Total	40	-	90
Medicaid (revenue)	2020	2021	2022
Inpatient	-	-	-
Outpatient	\$36,803	-	\$89,835
Total	\$36,803	-	\$89,835

ATTACHMENT 39
Charity Care Information
Advocate Condell Surgery Center

CHARITY CARE			
	2020	2021	2022
Net Patient Revenue	\$4,678,224	\$8,283,516	\$9,190,579
Amount of Charity Care (charges)	-	-	-
Cost of Charity Care	-	-	-

ATTACHMENT 40
Flood Plain Informaton

August 10, 2023

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

Re: Advocate Condell Ambulatory Surgery Center, LLC - Flood Plain Requirements

Dear Mr. Kniery:

As a representative of Advocate Condell Ambulatory Surgery Center, I, Michelle Remsen, affirm that our facility Advocate Condell Ambulatory Surgery Center complies with Illinois Executive Order #2005-5. The facility location is 825 S. Milwaukee Ave, Libertyville, Illinois 60048 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.

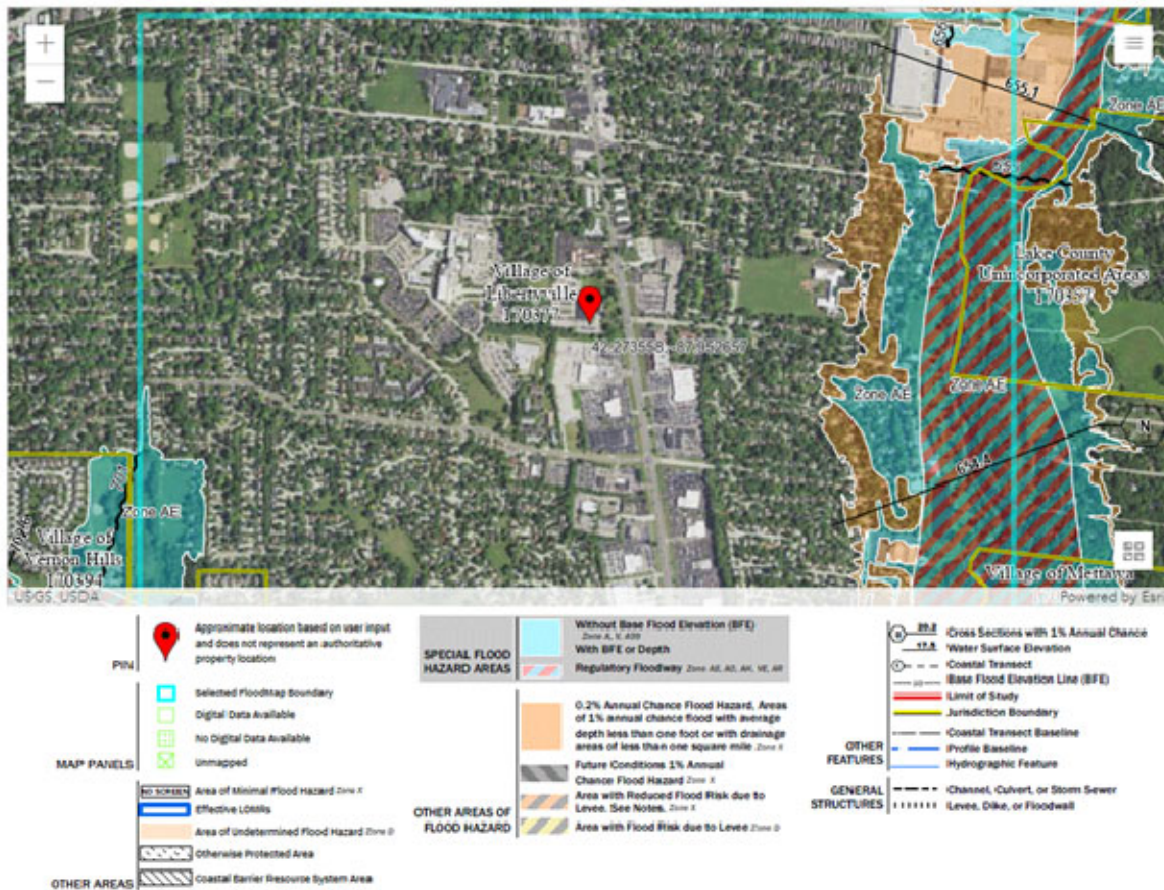
Sincerely,

A handwritten signature in cursive script that reads "Michelle Remsen".

Michelle Remsen, MBA
Regional Director, Operations-SCA Health
Advocate Condell Ambulatory Surgery Center

569 Brookwood Village, Suite 901 | Birmingham, AL 35209 | 205-545-2572 | www.scasurgery.com

ATTACHMENT 40 Flood Plain Information



INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	36-43
2	Site Ownership	44-45
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	46
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	47
5	Flood Plain Requirements	48-49
6	Historic Preservation Act Requirements	50
7	Project and Sources of Funds Itemization	51
8	Financial Commitment Document if required	52
9	Cost Space Requirements	53
10	Discontinuation	n/a
11	Background of the Applicant	54-56
12	Purpose of the Project	57-58
13	Alternatives to the Project	59
14	Size of the Project	60
15	Project Service Utilization	61-62
16	Unfinished or Shell Space	63
17	Assurances for Unfinished/Shell Space	64
		n/a
18	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	65-113
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	114
35	Financial Waiver	115
36	Financial Viability	116
37	Economic Feasibility	117
38	Safety Net Impact Statement	118
39	Charity Care Information	119
40	Flood Plain Information	120-121