

**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: HSHS St. Elizabeth's Hospital ASTC and Medical Office Building		
Street Address: 1 St. Elizabeth Boulevard		
City and Zip Code: O'Fallon 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: One St. Elizabeth's Boulevard
City and Zip Code: O'Fallon 62269
Name of Registered Agent: Paige Toth
Registered Agent Street Address: 4936 Laverna Road
Registered Agent City and Zip Code: Springfield, IL 62707
Name of Chief Executive Officer: Chris A. Klay
CEO Street Address: One St. Elizabeth's Boulevard
CEO City and Zip Code: O'Fallon 62269
CEO Telephone Number: 618-234-2120

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which 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: Paige Toth
Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road
Telephone Number: Springfield, IL 62707
E-mail Address: Paige.Toth@hshs.org
Fax Number: N/A

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

Name: Daniel Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Dr., Suite 4400, Chicago, IL 60606
Telephone Number: (312) 214-4861
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: (312) 759-5646

Facility/Project Identification

Facility Name: HSHS St. Elizabeth's Hospital ASTC and Medical Office Building		
Street Address: 1 St. Elizabeth Boulevard		
City and Zip Code: O'Fallon 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

Exact Legal Name: Hospital Sisters Health System
Street Address: 4936 Laverna Road
City and Zip Code: Springfield, IL 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Road
Registered Agent City and Zip Code: Springfield, IL 62707
Name of Chief Executive Officer: Damond Boatwright
CEO Street Address: 4936 Laverna Road
CEO City and Zip Code: Springfield, IL 62707
CEO Telephone Number: 217-523-4747

Type of Ownership of Applicants

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

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Telephone Number: Springfield, IL 62707
E-mail Address: Paige.Toth@hshs.org
Fax Number: N/A

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City and Zip Code: O'Fallon 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

Exact Legal Name: Hospital Sisters Surgery Center, O'Fallon, LLC
Street Address: 1 St. Elizabeth Boulevard
City and Zip Code: O'Fallon, IL 62269
Name of Registered Agent: Paige Toth
Registered Agent Street Address: 4936 Laverna Road
Registered Agent City and Zip Code: Springfield, IL 62707
Name of Chief Executive Officer: Chris A. Klay
CEO Street Address: One St. Elizabeth's Boulevard
CEO City and Zip Code: O'Fallon 62269
CEO Telephone Number: 618-234-2120

Type of Ownership of Applicants

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Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road
Telephone Number: Springfield, IL 62707
E-mail Address: Paige.Toth@hshs.org
Fax Number: N/A

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

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Address: One North Wacker Dr., Suite 4400, Chicago, IL 60606
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County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

Exact Legal Name: HSHS Medical Group, Inc.
Street Address: 4936 Laverna Road
City and Zip Code: Springfield, IL 62707
Name of Registered Agent: Paige Toth
Registered Agent Street Address: 4936 Laverna Road
Registered Agent City and Zip Code: Springfield, IL 62707
Name of Chief Executive Officer: Dr. Kevin Lewis
CEO Street Address: 4936 Laverna Road
CEO City and Zip Code: Springfield, IL 62707
CEO Telephone Number: 217-523-4747

Type of Ownership of Applicants

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Telephone Number: (312) 214-4861
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: (312) 759-5646

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: Paige Toth
Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road
Telephone Number: Springfield, IL 62707
E-mail Address: Paige.Toth@hshs.org
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HSHS St. Elizabeth's Hospital
Address of Site Owner: : One St. Elizabeth's Boulevard, O'Fallon, IL 62269
Street Address or Legal Description of the Site: One St. Elizabeth Blvd., O'Fallon, IL 62269
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: : Hospital Sisters Surgery Center, O'Fallon, LLC									
Address: 1 St. Elizabeth Way, O'Fallon 62269									
<table border="0"> <tr> <td><input type="checkbox"/> Non-profit Corporation</td> <td><input type="checkbox"/> Partnership</td> <td></td> </tr> <tr> <td><input type="checkbox"/> For-profit Corporation</td> <td><input type="checkbox"/> Governmental</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
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<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 									
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.

The applicant HSHS St. Elizabeth's Hospital is located at 1 St Elizabeth's Blvd, O'Fallon, IL 62269. The project is to be located on the hospital's campus (Parcel Number: 03250408016) in a newly constructed three-story building that will include (1) an Ambulatory Surgical Treatment Center (ASTC), (2) an imaging center for the hospital which is being relocated from existing leased space and (3) physician offices.

The ASTC will be located on the first floor in 18,352 gsf. The imaging center will also be located on the first floor in 7,839 gsf. The second and third floors are planned for physician offices totaling 43,809 gsf. The total size of the project is 70,000 gsf and the total project cost is \$49,790,781.

The ASTC includes:

- 4 Operating Rooms
- 2 Procedure Rooms
- 6 PACU
- 16 prep/recovery stations

The imaging center includes:

- 2 MRI
- 1 X-Ray
- 1 CT Scan
- 1 Mammography

The licensee of the ASTC will be the applicant Hospital Sisters Surgery Center, O'Fallon, LLC, a cooperative venture between St. Elizabeth's Hospital, which will be the majority 51% owner and operator of the licensee, and, initially, HSHS Medical Group which will own a 49% interest in the LLC. It is the intent of St. Elizabeth's to offer minority interests in the LLC to physician investors, and the hospital has solicited physician interest in the venture which is documented in this application. Interests in the LLC will be offered to both employed physicians and independent physicians.

As a cooperative venture, the projected patient volume for the ASTC is based on the historical workload of St. Elizabeth's Hospital, which had Operating Room utilization of over 120% in 2023.

The real estate on which the project will be built is owned by St. Elizabeth's Hospital. The building will be developed and owned by a third-party entity which will lease the entire building to the applicant Hospital Sisters Health System (HSHS), which will sub-lease space on the first level to Hospital Sisters Surgery Center, O'Fallon, LLC for the ASTC. St. Elizabeth's will utilize additional space in the building for its relocated imaging center. HSHS will sub-lease the remainder of the space to physician practices. The diagnostic imaging space will be built out immediately and is part of this project. The space for medical offices is not being built-out at this time as HSHS intends that the space will be customized depending on the practice of the

physician sub-lessees. HSHS will seek prior approval from the Review Board for all subsequent build-outs of space in building that is sub-leased for medical practices.

The project is classified as substantive because it involves the establishment of a new healthcare facility.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation		\$87,000	\$87,000
Site Preparation	\$0	\$2,036,000	\$2,036,000
Off Site Work			
New Construction Contracts	\$5,258,220	\$6,341,058	\$11,599,278
Modernization Contracts			
Contingencies	\$515,031	\$1,422,933	\$1,938,024
Architectural/Engineering Fees	\$442,761	\$278,598	\$721,359
Consulting and Other Fees	\$817,922	\$1,038,430	\$1,856,353
Movable or Other Equipment (not in construction contracts)	\$4,206,406	\$4,373,847	\$8,580,253
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$3,861,352	\$19,111,163	\$22,972,515
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$15,101,692	\$34,689,089	\$49,790,781
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$11,240,340	\$15,577,926	\$26,818,267
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$3,861,352	\$19,111,163	\$22,972,515
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$15,101,692	\$34,689,089	\$49,790,781
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ 2,390,000.</p>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.
<p>Indicate the stage of the project's architectural drawings:</p> <p style="text-align: center;"> <input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Schematics <input type="checkbox"/> Final Working </p>
<p>Anticipated project completion date (refer to Part 1130.140): March 31, 2027</p>
<p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):</p> <p> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance. </p>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

State Agency Submittals [Section 1130.620(c)]

<p>Are the following submittals up to date as applicable?</p> <p> <input checked="" type="checkbox"/> Cancer Registry <input checked="" type="checkbox"/> APORS <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> All reports regarding outstanding permits </p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
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Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the 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							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

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: HSHS St. Elizabeth’s Hospital			CITY: O’Fallon		
REPORTING PERIOD DATES: From: January 1, 2022 to: December 31, 2022					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	112	7,295	39,763*	0	112
Obstetrics	12	984	2,426*	0	12
Pediatrics					
Intensive Care	20	1,358	5,704*	0	20
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	144			0	144

*Includes observation days.

Source: 2022 Hospital Profile, HSHS St. Elizabeth's Hospital

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

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis

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.

Chris Allen Klay
 SIGNATURE
Chris Allen Klay
 PRINTED NAME
President + CEO
 PRINTED TITLE

Patricia M. Toth
 SIGNATURE
Patricia M. Toth
 PRINTED NAME
VP Associate General Counsel / Secretary
 PRINTED TITLE

Notarization
 Subscribed and sworn to before me
 this 16 day of September 2024

Notarization
 Subscribed and sworn to before me
 this 16 day of September 2024

Teri Ann Mustain
 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 TERI ANN MUSTAIN
 NOTARY PUBLIC — STATE OF ILLINOIS
 MY COMMISSION EXPIRES SEPT. 21, 2027
 *Insert the EXACT legal name of the applicant

Christina Kendall
 Signature of Notary
 Seal
 OFFICIAL SEAL
 CHRISTINA KENDALL
 NOTARY PUBLIC, STATE OF ILLINOIS
 My Commission Expires 10/25/25

CERTIFICATION

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- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist).
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of

Hospital Sisters Health System*

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.



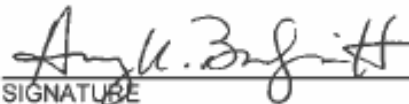
SIGNATURE

Diamond Boatwright

PRINTED NAME

President/CEO

PRINTED TITLE



SIGNATURE

Amy Bulpitt

PRINTED NAME

SVP & Chief Legal Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 16 day of September, 2024



Signature of Notary

Seal

OFFICIAL SEAL
CHRISTINA KENDALL
NOTARY PUBLIC, STATE OF ILLINOIS

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me

this 16 day of September, 2024



Signature of Notary

Seal

OFFICIAL SEAL
CHRISTINA KENDALL
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/25/25

CERTIFICATION

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

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This Application is filed on the behalf of

Hospital Sisters Surgery Center, O'Fallon, LLC *

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SIGNATURE

Chris Allen Klay

PRINTED NAME

President & CEO

PRINTED TITLE

SIGNATURE

Patricia M Toth

PRINTED NAME

VP Associate General Counsel & Secretary

PRINTED TITLE

Notarization

Subscribed and sworn to before me
this 11th day of September, 2024

Teri Ann Mustain

Signature of Notary

Seal

"OFFICIAL SEAL"
TERI ANN MUSTAIN
NOTARY PUBLIC — STATE OF ILLINOIS
MY COMMISSION EXPIRES SEPT. 21, 2027

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 16 day of September, 2024

Christina Kendall

Signature of Notary

Seal

OFFICIAL SEAL
CHRISTINA KENDALL
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10/26/25

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

HSHS Medical Group, Inc.*

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

Kevin L. Lewis, MD, CPE, FAASM
PRINTED NAME

SVP & CHIEF CLINICAL OFFICER
PRINTED TITLE

SIGNATURE

Paul M. Tath
PRINTED NAME

VP Associate General Counsel / Secretary
PRINTED TITLE

Notarization

Subscribed and sworn to before me
this 11th day of September 2024

Christina Kendall
Signature of Notary

Seal

Notarization:

Subscribed and sworn to before me
this 11th day of September 2024

Christina Kendall
Signature of Notary

Seal

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SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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	MET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

G. Non-Hospital Based Ambulatory Surgery

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

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

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.

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> MRI	2	2
<input checked="" type="checkbox"/> X-Ray	1	1
<input checked="" type="checkbox"/> CT Scan	1	1
<input checked="" type="checkbox"/> Mammography	1	1

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
1APPEND DOCUMENTATION AS <u>ATTACHMENT 31</u> , 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)**

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

<u>\$26,818,267</u>	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.
<u> </u>	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.
<u> </u>	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
<u>\$22,972,515</u> (Lease)	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.

<p>_____</p> <p>_____</p> <p>_____</p>	<p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>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.</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
<p>\$49,790,781</p>	<p>TOTAL FUNDS AVAILABLE</p>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
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 ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									
<p>D. Projected Operating Costs</p> <p>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.</p>									
<p>E. Total Effect of the Project on Capital Costs</p> <p>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.</p>									
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 37</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>									

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.

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		33-37
2	Site Ownership		38-41
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		42-43
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		44
5	Flood Plain Requirements		45-47
6	Historic Preservation Act Requirements		48-59
7	Project and Sources of Funds Itemization		60-62
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15	Project Service Utilization		83-85
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	Service Specific:		
18	Master Design Projects		-
19	Medical Surgical Pediatrics, Obstetrics, ICU		-
20	Comprehensive Physical Rehabilitation		-
21	Acute Mental Illness		-
22	Open Heart Surgery		-
23	Cardiac Catheterization		-
24	In-Center Hemodialysis		-
25	Non-Hospital Based Ambulatory Surgery		89-111
26	Selected Organ Transplantation		-
27	Kidney Transplantation		-
28	Subacute Care Hospital Model		-
29	Community-Based Residential Rehabilitation Center		-
30	Long Term Acute Care Hospital		-
31	Clinical Service Areas Other than Categories of Service		112
32	Freestanding Emergency Center Medical Services		-
33	Birth Center		-
	Financial and Economic Feasibility:		
34	Availability of Funds		113-140
35	Financial Waiver		141
36	Financial Viability		-
37	Economic Feasibility		142
38	Safety Net Impact Statement		143
39	Charity Care Information		144-145
Appendix A	Physician Referral Letters		146-179
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ATTACHMENT 1

Applicant Identification and Certificates of Good Standing

Included with this attachment are Certificates of Good Standing for the applicants:

1. HSHS St. Elizabeth's Hospital
2. Hospital Sisters Health System
3. Hospital Sisters Surgery Center, O'Fallon, LLC
4. HSHS Medical Group, Inc.

File Number

3515-860-0



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



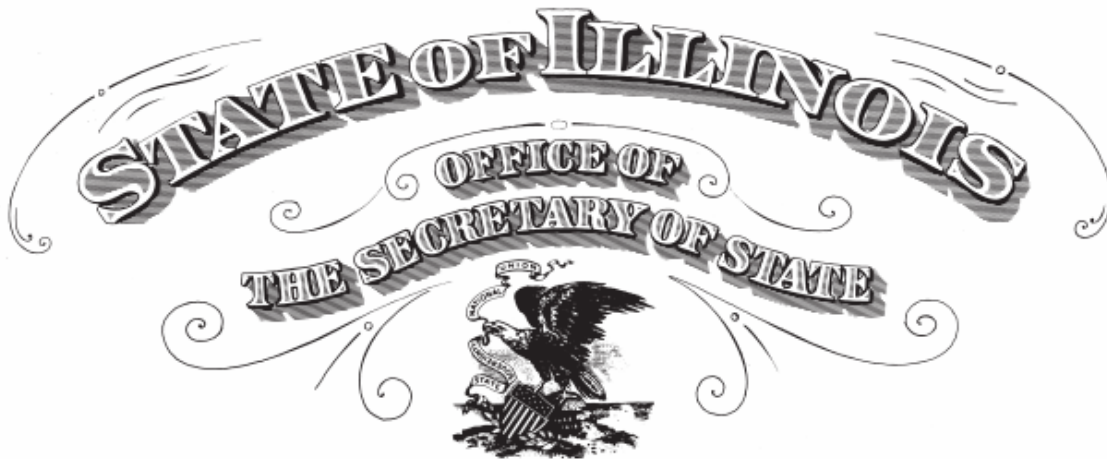
Authentication #: 2422800312 verifiable until 08/15/2025
 Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of AUGUST A.D. 2024 .

Alexi Giannoulas
 SECRETARY OF STATE

File Number

5163-355-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2422800314 verifiable until 08/15/2025

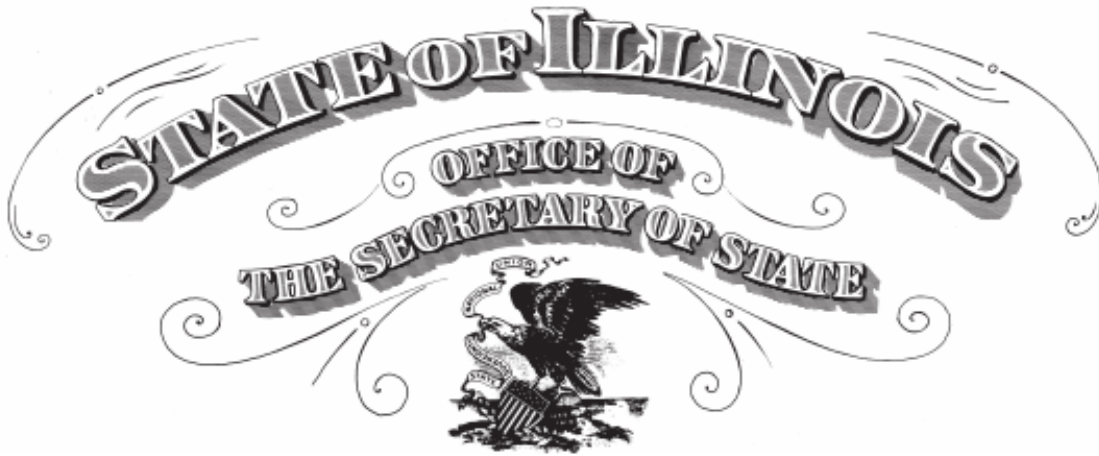
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of AUGUST A.D. 2024 .

Alexi Giannoulas
SECRETARY OF STATE

File Number

1504824-7



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

HOSPITAL SISTERS SURGERY CENTER, O'FALLON, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 27, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of SEPTEMBER A.D. 2024 .

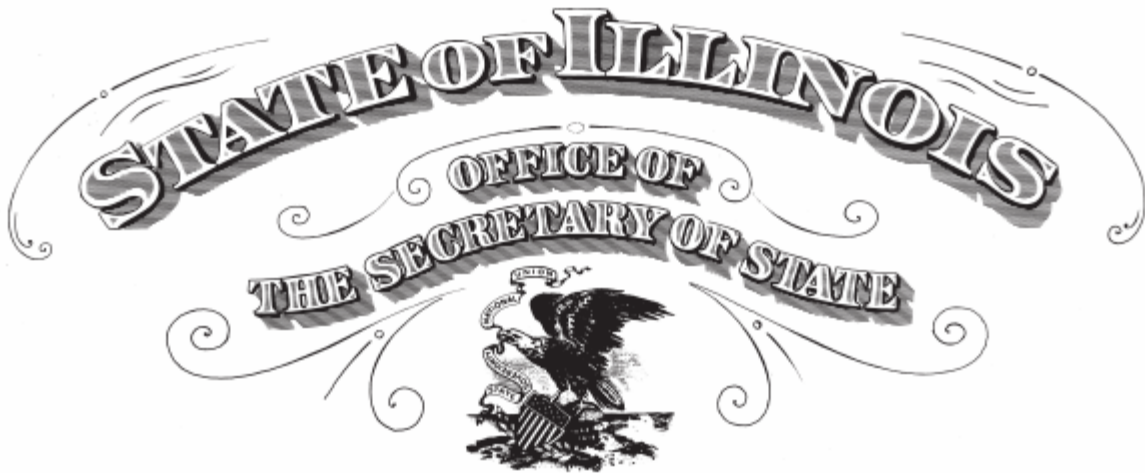
Authentication #: 2424802946 verifiable until 09/04/2025

Authenticate at: <https://www.isos.gov>

Alexi Giannoulis
SECRETARY OF STATE

File Number

6634-888-1



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

HSMS MEDICAL GROUP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 31, 2008, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of SEPTEMBER A.D. 2024 .

Authentication #: 2425603308 verifiable until 09/12/2025
 Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
 SECRETARY OF STATE

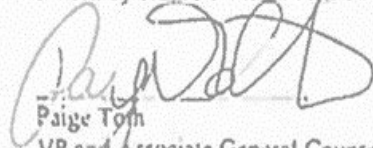
ATTACHMENT 2**Site Ownership**

The real estate on which the project will be built is owned by the applicant HSHS St. Elizabeth's Hospital. An attestation of site ownership is included with this attachment. The proposed building will be developed and owned by a third-party entity which will lease the entire building to the applicant Hospital Sisters Health System (HSHS). A letter from Mesirow Financial, Inc., providing the material terms of the proposed lease is also included with this attachment.

Attachment 2

Attestation of Site Ownership: Real Estate

The undersigned is an authorized representative of Hospital Sisters Health System (HSHS) and hereby attests that the site of the proposed project on the campus of HSHS St Elizabeth's Hospital, 1 St Elizabeth's Blvd, O'Fallon, IL 62269, Parcel Number: 03250408016, is owned by HSHS St. Elizabeth's Hospital


Paige Torn
VP and Associate General Counsel
Hospital Sisters Health System
Secretary
HSHS St. Elizabeth's Hospital

9/16/2024
Dated

Attachment 2

**Site Control: Building Lease Letter
(on following page)**



353 North Clark Street, Chicago, Illinois 60654
312.595.6000 • mesirowfinancial.com

September 18, 2024

Michael Scialdone
SVP- Chief Financial Officer
Hospital Sisters Health System
c/o Ankura
Attn: Mike O'Keefe
150 North Riverside Plaza, Suite 2400
Chicago, IL 60606

RE: Credit Tenant Lease ("CTL")
HSHS St Elizabeth Hospital, O'Fallon, IL

Dear Mr. Scialdone:

This letter serves to confirm that Mesirow Financial, Inc. ("MFI" or "Mesirow") is serving as the investment banker for Hospital Systems Health System ("HSHS") to arrange financing secured by a Credit Tenant Lease (the "Lease") for a new 70,000 square foot medical office building to be developed on an approximately 4.52 acre site (the "Land") on the campus of Hospital Sisters Health System St. Elizabeth Hospital located in O'Fallon, IL (the "Project").

The Lease is contemplated to contain the following salient terms:

<u>Landlord:</u>	A special purpose, bankruptcy remote entity created to develop, own, and lease the Property. This entity will be owned and controlled by an independent third party. As currently contemplated the Landlord entity will be set up as an "orphan trust" organized by UMB Bank.
<u>Tenant:</u>	Hospital Systems Health System, or its affiliate. If the Tenant is an affiliate of HSHS, HSHS will guaranty the Lease.
<u>Lease Term:</u>	Twenty-five (25) years
<u>Project Costs:</u>	Approximately \$37,350,000
<u>Annual Net Base Rent:</u>	Approximately \$2,100,000
<u>Net Base Rental Increases:</u>	Two percent (2%) per year
<u>Additional Rent:</u>	A separate PIN for real estate taxes will be established for the Project. Tenant shall pay real estate taxes, insurance, and all other operating, repair, maintenance, replacement expenses that are customary under an absolute, triple net bond style lease.
<u>Tenant Payment Obligation at End of Term:</u>	\$18,000,000
<u>Ground Lease:</u>	The Land, which is owned by HSHS, will be leased to the Landlord under a long-term ground lease.

Best Regards,

Andrew Minkus
Senior Managing Director
Mesirow Financial, Inc.

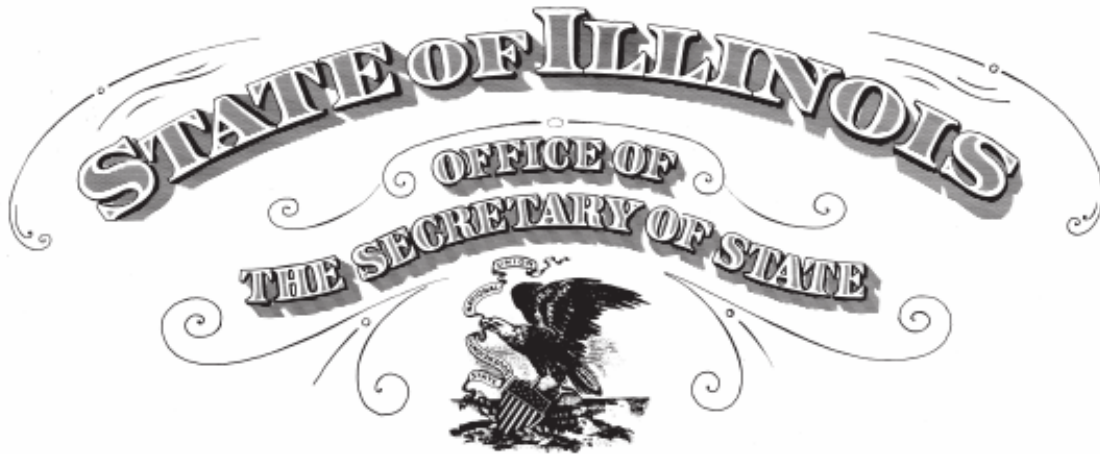
ATTACHMENT 3

Operating Entity/Licensee

Included with this Attachment is the licensee's Certificate of Good Standing. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational chart included with Attachment 4.

File Number

1504824-7



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

HOSPITAL SISTERS SURGERY CENTER, O'FALLON, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 27, 2024, 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.

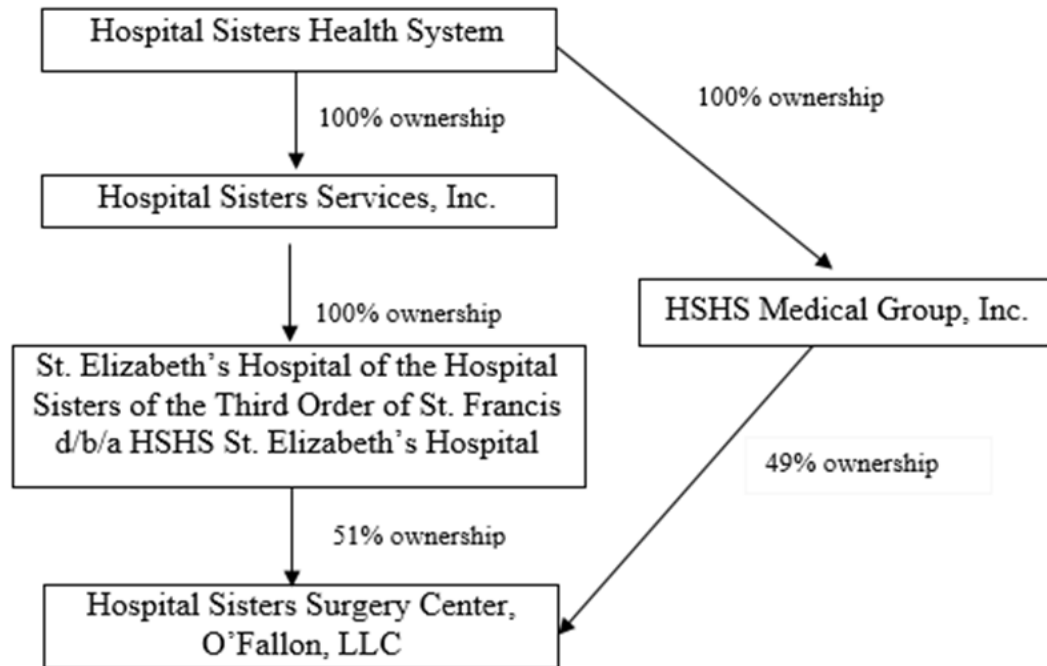


Authentication #: 2424802946 verifiable until 09/04/2025
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of SEPTEMBER A.D. 2024 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 4
Organizational Chart





ATTACHMENT 5
Flood Plain Requirements

Attached is documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas, including a map of the proposed project location showing any identified floodplain areas.

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.

- Applicant: HSHS St. Elizabeth's Hospital 1 St. Elizabeth Boulevard
 (Name) (Address)
O'Fallon IL 62289 (618) 234-2120
 (City) (State) (ZIP Code) (Telephone Number)
- Project Location: 1 St. Elizabeth Boulevard O'Fallon, IL
 (Address) (City) (State)
St. Clair O'Fallon
 (County) (Township) (Section)

- 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? Yes ___ No X

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: _____

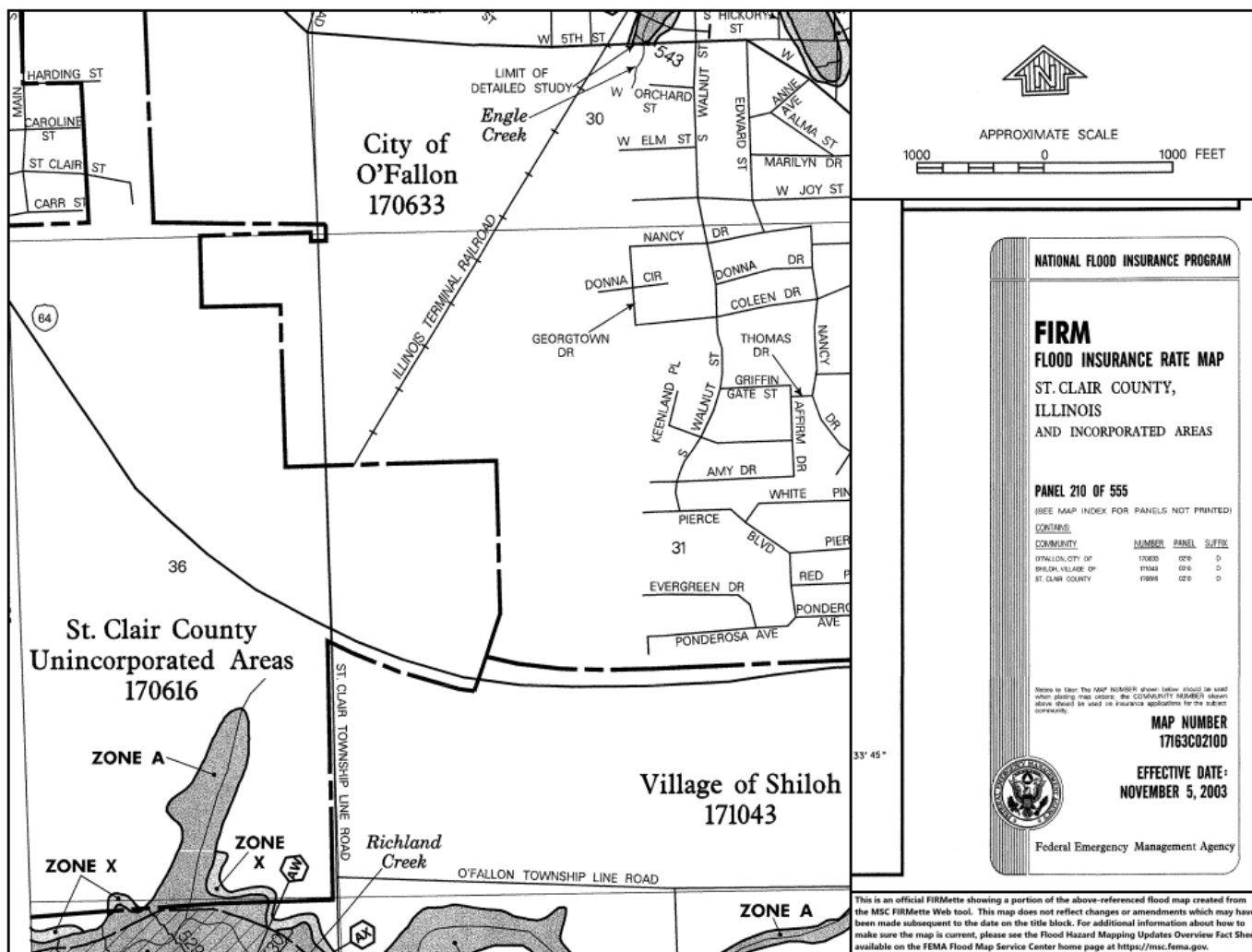
Business/Agency: _____ Address: _____

(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



ATTACHMENT 6

Historic Preservation Act Requirements

The Historic Preservation Act clearance letter from the Illinois Department of Natural Resources dated September 10, 2024 is included with this Attachment.

The applicant's request for clearance is also attached and it includes photographs identifying the site and surrounding structures.



Illinois
Department of
**Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271

www.dnr.illinois.gov

St. Clair County
O'Fallon
1 St. Elizabeth Blvd
IHFSRB
New Construction, Treatment Center and Office Building

PLEASE REFER TO: SHPO LOG #017081624

September 10, 2024

Amy Michelau
Barnes & Thornburg LLP
One N. Whacker Dr.
Suite 4400
Chicago, IL 60606

The Illinois State Historic Preservation Office is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted, or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural, or archaeological resources will be affected within the proposed project area.

According to the information you have provided there is no federal involvement in your project. Be aware that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This approval remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

If further assistance is needed, please contact Jeff Kruchten, Principal Archaeologist, at 217/785-1279 or jeff.kruchten@illinois.gov.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

BARNES & THORNBURG LLP

One North Wacker Drive, Suite 4400
Chicago, IL 60606-2833 U.S.A.
(312) 357-1313
Fax (312) 759-5646

www.btlaw.com

Amy R. Michelau
312-314-4860
amy.michelau@btlaw.com

August 16, 2024

Via Email

Illinois Historic Preservation Agency
Attn: Review and Compliance
1 Old State Capitol Plaza
Springfield, IL 62701-1512
SHPO.review@illinois.gov

**RE: HSHS St. Elizabeth's Hospital, O'Fallon
Historic Preservation Act Determination Request**

Dear Review and Compliance Staff:

In accordance with the Illinois State Agency Historic Resources Preservation Act, 20 ILCS 3420/1 *et seq.*, HSHS St. Elizabeth's Hospital ("St. Elizabeth's") seeks a formal determination from the Illinois Historic Preservation Agency (the "Agency") as to whether St. Elizabeth's proposed project to build and establish an Ambulatory Surgical Treatment Center and Medical Office Building (the "Project") affects historic resources. The Project will be located on St. Elizabeth's campus at 1 St. Elizabeth Blvd., O'Fallon, Illinois 62269.

1. Project Description and Location

St. Elizabeth's will be seeking approval from the Illinois Health Facilities and Services Review Board to build and establish an Ambulatory Surgical Treatment Center and Medical Office Building on the hospital campus at 1 St. Elizabeth Blvd., O'Fallon, Illinois.

2. Topographical or Metropolitan Map

A topographical map and aerial photo of the site for the proposed Project, outlined in red, is attached as Exhibit 1.

3. Buildings/Structures in the Project Area

Photographs of the exteriors of the site are labeled and attached as Exhibit 2.

Illinois Historic Preservation Agency
August 16, 2024
Page 2

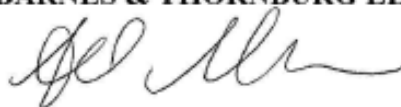
4. Address for Building/Structure

The address of the Project is 1 St. Elizabeth Blvd., O'Fallon, Illinois 62269.

Thank you for your consideration of our request for a historic preservation determination. If you have any questions or need any additional information, please feel free to contact me at 312-214-4861.

Very truly yours,

BARNES & THORNBURG LLP

A handwritten signature in black ink, appearing to read 'Amy R. Michelau', written over the firm name.

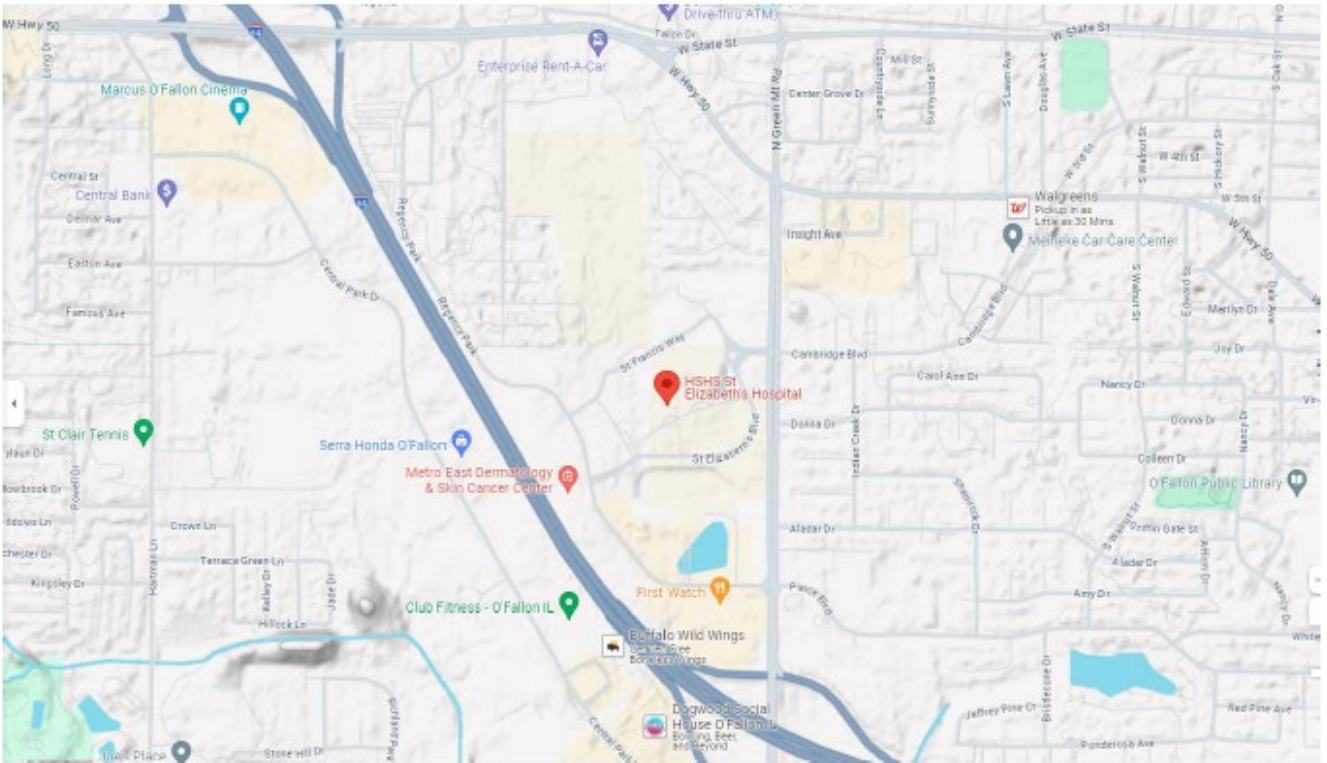
Amy R. Michelau

Enclosures

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Page 3

Exhibit 1

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Exhibit 2

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Page 7



View of Site Looking East

Illinois Historic Preservation Agency
August 16, 2024
Page 8



View of Site Looking North

Illinois Historic Preservation Agency
August 16, 2024
Page 9



View of Site Looking West

Illinois Historic Preservation Agency
August 16, 2024
Page 10



View of Site Looking South

ATTACHMENT 7

Project and Sources of Funds Itemization

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation		\$87,000	\$87,000
Site Preparation	\$0	\$2,036,000	\$2,036,000
Off Site Work			
New Construction Contracts	\$5,258,220	\$6,341,058	\$11,599,278
Modernization Contracts			
Contingencies	\$515,031	\$1,422,933	\$1,938,024
Architectural/Engineering Fees	\$442,761	\$278,598	\$721,359
Consulting and Other Fees	\$817,922	\$1,038,430	\$1,856,353
Movable or Other Equipment (not in construction contracts)	\$4,206,406	\$4,373,847	\$8,580,253
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$3,861,352	\$19,111,163	\$22,972,515
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$15,101,692	\$34,689,089	\$49,790,781

The line-item costs attributed to clinical components were calculated as a percentage of clinical square footage when actual breakouts were not available.

Itemization of each line item:

Site Survey and Soil Investigation - this includes:

- Surveys and Geotechnical Studies for the required Site Preparation work.

100% of the cost is for the non-clinical space.

Site Preparation - this includes:

- land stabilization / mine mitigations costs incurred by HSHS to prepare the site for the development of the project.

100% of the cost is for the non-clinical space.

New Construction Contracts - this includes:

- Construction costs for the build-out of the ASTC and Imaging space.

Of the total amount, \$4,123,800 is for the ASTC clinical area and \$1,134,420 is for the Imaging clinical area with the balance attributable to the non-clinical areas of the Project.

Contingencies - this includes:

- Allowance for unknown conditions required to complete the ASTC, Imaging and Site Preparation components of the project.

Of the total amount, \$404,000 is for the ASTC clinical area and \$111,031 is for the Imaging clinical area with the balance attributable to the non-clinical areas of the Project.

Architectural / Engineering Fees - this includes:

- Fees for Basic Services and an allowance for Additional Services for the ASTC, Imaging and Site Preparation work.

Of the total amount, \$365,278 is for the ASTC clinical area and \$77,483 is for the Imaging clinical area with the balance attributable to the non-clinical areas of the Project.

Consulting and Other Fees - this includes:

- Legal, equipment planning/procurement, operations consultant, building permit and other regulatory fees for the ASTC, Imaging and Site Preparation work.

Of the total amount, \$289,048 is for the ASTC clinical area and \$528,875 is for the Imaging clinical area with the balance attributable to the non-clinical areas of the Project.

Movable Equipment

- All furniture, furnishings, art, electronic / IT devices and medical equipment for the ASTC and Imaging areas. Group I (fixed) equipment is included in the New Construction line item above. Group II and III medical equipment is included herein.

Equipment Type	Estimated Costs
Sterile Processing & Surgical Case Carts Misc equipment Patient Monitoring IV Pumps Warming Cabinets Other	\$6,650,000
Furniture	\$680,966
Network Electronics Computers Monitors Workstations on Wheels Printers / Scanners Televisions Software Applications Device Integration Wireless Network	\$1,190,000

Distributed Antenna System	
Artwork / Signage	\$39,287
Receiving Area Equipment	\$20,000

Of the total amount, \$3,993,021 is for the ASTC clinical area and \$213,385 is for the Imaging clinical area with the balance attributable to the non-clinical areas of the Project.

Fair Market Value of Leased Space or Equipment

• All costs financed by the landlord under the master lease for the project including without limitation:

- Sitework (grading, site utilities, paving, curbs / gutters, landscaping)
- Shell and Core construction costs
- Tenant improvement allowance
- Contingency allowance for unknown costs that are the responsibility of the landlord
- Testing and Commissioning fees
- CON consultant / legal and filing fees for the project
- Architectural / Engineering fees for the sitework and shell and core
- Financing related fees (including construction period interest, appraisal, title insurance and construction escrow fees)
- Building permit and other regulatory fees for the sitework and core and shell construction
- Insurance and real estate taxes

Of the total amount, \$3,861,352 is for the clinical space with the balance allocable to non-clinical space.

ATTACHMENT 9
Cost Space Requirements

		GSF	Amount of Proposed Total GSF			
Department / Area	Cost	Proposed	New Const	Modernized	As Is	Vacated Space
REVIEWABLE						
ASTC	\$12,015,323	8,700	8,700			
Imaging	\$3,086,369	3,066	3,066			
Total Clinical	\$15,101,692	11,766	11,766			
NON-REVIEWABLE						
ASTC non-clinical	\$13,171,896	9,652	9,652			
Imaging non-clinical	\$4,804,709	4,773	4,773			
MOB non-clinical	\$16,712,484	43,809	43,809			
Total Non-Clinical	\$34,689,089	58,234	58,234			
TOTAL	\$49,790,781	70,000	70,000			

ATTACHMENT 11**Background of the Applicants**

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

HSHS owns and operates the following hospitals in Illinois:

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
St. John's Hospital	Springfield	0002451	6/30/24	ID #7432
St. Elizabeth's Hospital	O'Fallon	0006064	11/3/23	ID #7242
St. Anthony's Memorial Hospital	Effingham	0002279	12/31/23	ID #7335
St. Joseph's Hospital	Highland	0005892	8/22/24	ID #2825
St. Francis Hospital	Litchfield	0002386	12/31/23	ID #7374
St. Joseph's Hospital	Breese	0002527	6/30/24	ID #7250
St. Mary's Hospital	Decatur	0002592	6/30/24	ID #4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/23	*
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/24	**

*Accredited by Accreditation Commission for Health Care (ACHC)

**NIAHO Hospital Accreditation Program Certificate Number PRJC-494196-2013-MSL-USA

- 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.**

Other than the facilities listed above in paragraph 1, HSHS does not own or operate, directly or indirectly, any other health care facilities in Illinois.

- 3. 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.**

By the signatures on the Certification page of this application, the applicants attest that no adverse action has been taken against the applicant facility during the three years prior to the filing of this applications. For purposes of this certification, the term "adverse action" has the meaning given to in 77 Illinois Administrative Code 1130.140.

- 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.**

By the signatures on the Certification page of this application, the applicants authorize HFSRB and IDPH to access to any documents necessary to verify the information submitted, including, but not limited to official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

ATTACHMENT 12**Purpose of the Project**

HSHS St. Elizabeth's Hospital, SEO, is a well-established and highly-respected provider of hospital-based healthcare services in the Metro East region of Illinois. Founded in 1875 by the Hospital Sisters of St. Francis, SEO operates in a manner that reflects its Franciscan heritage, charism, and dedication to providing services that fulfill unmet needs in the community (including cutting-edge cardiac care and use of the latest robotics technologies), carrying out the Sisters' commitment to care for all populations. Next year, SEO will celebrate its 150-year anniversary, honoring the longstanding commitment of Hospital Sisters Health System ("HSHS") to providing high-quality care to the citizens of Southwestern Illinois. The hospital has been treating patients at its current location in O'Fallon since 2017.

The purpose of this project is to:

- Relieve extremely high utilization of the hospital's operating rooms, which were utilized at over 120% in 2023, and to provide a lower cost and more patient friendly access to outpatient procedures.
- Relocate St. Elizabeth's imaging center from leased property off campus that is in need of significant, costly modernization to the proposed new, on campus building.
 - The current leased property across the street from the hospital campus needs over \$1.8M in repairs to address issues associated with the parking lot, air handler, sprinkler system and roof. The lease terms state that the hospital is responsible for these repairs. Given that HSHS does not own the building, and the lease expires December 2025, St. Elizabeth's has decided not to further invest in the leased space and not renew the lease. Instead, imaging center will be relocated to the new building on campus.
- Provide additional medical office space for growing physician practices which have led to space shortages in the area

This will be accomplished in the proposed new three-story building on campus that will house an ASTC with four operating rooms and two procedures rooms on the first level in 18,352 gsf of space, St. Elizabeth's Hospital's relocated diagnostic imaging center in 7,839 gsf, and 43,809 gsf of space that will be available for medical offices on the second and third levels.

Floor plans of the proposed ASTC and medical office space are appended to this Attachment.

1. Document that the project will provide health services that improve the health care of the market area population

The proposed project will enhance healthcare services and improve the well-being of patients in our community by increasing access to outpatient surgery services; lowering the cost of these surgeries; improving the satisfaction of patients, physicians and payers by providing convenient, and accessible outpatient services and medical offices in one location.

a. Increased access to multi-specialty procedural services

Between 2019 and June 2024, HSHS St. Elizabeth's total surgical volume experienced a robust growth rate of 20%. This upward trajectory underscores the rising demand for surgical services in the community. The consistent increase in surgical cases has placed considerable pressure on St. Elizabeth's existing operating rooms which were utilized at over 120% in 2023. This high utilization is resulting in surgeons booking cases out past four weeks to six weeks. In addition, in 2023, more than 9,000 adult and 2,000 pediatric patients from the O'Fallon area sought healthcare services across the state line in Missouri. This significant outflow of patients underscores a critical gap in local healthcare infrastructure. The proposed ASTC and MOB will provide HSHS with the opportunity to expand and enhance its range of services, ensuring that high-quality, accessible care is available in O'Fallon. By keeping healthcare local, HSHS can better serve its community, reduce the need for patients to travel long distances for treatment, and foster stronger patient-provider relationships. This initiative is essential for retaining patient care within the defined service area and addressing the growing healthcare needs of its residents.

The acuity of inpatient cases in the hospital operating rooms has also trending upward, which further stresses OR capacity. Between 2019 and 2024, St. Elizabeth's experienced a 3% rise in case mix index (CMI). These higher CMI levels represent patients with more severe systemic diseases that require intensive monitoring and specialized care during surgery. This shift underscores the need to allocate hospital operating rooms for higher-acuity cases, while less complex procedures can be effectively managed in an ambulatory setting. By shifting less complex, outpatient procedures to the proposed ASTC, St. Elizabeth's can free up hospital operating rooms for higher-acuity cases, ensuring that patients with more severe conditions receive the focused care they need.

Adding a state-of-the-art diagnostic imaging center to the proposed ASTC/MOB will significantly enhance access to multi-specialty procedural services. Patients will be able to receive diagnostic services in the same location as their providers, which limits confusion on where to access care and streamlines care coordination. By co-locating imaging services with surgical and medical offices, patients will benefit from quicker diagnostic turnaround times, streamlined pre-operative and post-operative processes, and more convenient access to comprehensive care.

St. Elizabeth's Hospital is a certified chest pain center treating patients across the defined service area. The hospital uses the latest technology and modern facilities to provide excellent care close to home. As our patient population ages and the needs rise for chest pain

services, we must plan accordingly and shift routine procedures out of the hospital to create capacity for the more vulnerable.

b. Lowering costs of surgical procedures

Outpatient surgeries performed in an ASTC are broadly lower than similar surgeries performed in a hospital setting due to the generally lower facility fee. For patients having a non-complex routine outpatient procedure, their cost would decrease by 59% if they were to utilize an ASTC versus a hospital outpatient department. Link:

<https://higherlogicdownload.s3.amazonaws.com/ASCACONNECT/975a33fe-e4b9-41ad-92b4-8f6bbfc25293/UploadedImages/documents/public-relations/unitedhealth-group-brief-on-shifting-common-outpatient-procedures-to-ascs.pdf>

In 2023, a study was conducted to investigate how the commercial facility fee differs for a colonoscopy between US hospitals and ambulatory surgery centers located within the same country and contracting with the same insurers. They included over 13K facilities in this study and found that hospital fees are 55% higher than those at ASCs in the same county with the same insurer.

c. Increase satisfaction for patients, providers, and payers

The proposed ASTC is designed to significantly enhance satisfaction for patients, providers, and payers alike. For patients, the ASTC and MOB offer patients the unique ability to maintain their existing relationships with local healthcare providers while also expanding convenient access to specialists whose offices are currently more remote and require long-distance travel due to a shortage of available medical office space in the O'Fallon area. By situating the ASTC within the same building as the proposed MOB, which will house various physician clinics, patients can receive comprehensive care in a single, convenient location.

A freestanding ambulatory setting is inherently more convenient, time-efficient, and calming than a traditional hospital-based surgery center. Unlike hospitals, which can be overwhelming with their large, complex layouts, the ASTC offers a more compact and tranquil setting. Patients at the ASTC can avoid the often stressful experience of navigating through multiple departments and crowded waiting areas. Instead, they benefit from a streamlined, patient-centered environment where services are easily accessible and efficiently delivered. The ASTC's design emphasizes convenience and comfort which helps to alleviate anxiety and create a calming atmosphere. Additionally, the familiarity and continuity provided by having local providers and specialists office in the same building further enhance patient convenience and confidence, contributing to a significantly less stressful surgical experience.

The co-location of the ASTC with the MOB adjacent St. Elizabeth's Hospital increases physician satisfaction by creating a more efficient model that streamlines processes and continuity of care. Physicians can seamlessly transition between surgical procedures at the ASTC and their clinics in the MOB, therefore maximizing their time and limited resources, reducing logistical challenges, and providing immediate access to hospital resources when needed. This strategic setup also fosters better communication and collaboration among providers which translates to better patient outcomes ([source](#): Nursing Philosophy). In the combined ASTC/MOB model, physicians benefit from a streamlined workflow which boosts

their productivity but also reduces stress and burnout, which is reported in more than 50% of physicians ([source](#): NIH). See #4.

The ASTC will be owned and operated by Hospital Sisters Surgery Center, O'Fallon, LLC which will be a cooperative venture between HSHS and both independent and employed physician investors. Hospital Sisters Surgery Center, O'Fallon, LLC will be 51% owned by HSHS with minority interests being made available to physicians. This cooperative venture will reinforce HSHS's existing relationships with proceduralists currently working at St. Elizabeth's and potentially create new relationships with additional proceduralists recruited to the market. The new ASTC medical office space will provide a modern, efficient, and dedicated space for these professionals to perform procedures, fostering a more collaborative and supportive environment. This strengthened alignment is crucial for retaining top talent, engaging new talent, and ensuring continuity of care for patients.

As previously mentioned, this ASTC will be utilized to care for patients who are undergoing a routine non-complex procedure or surgery. Physicians will have the ability to perform more cases in this environment compared to a hospital with acute needs and constant changes. In addition, the staff at an ASTC are very specialized in the care they provide for each patient population. All of these items lead to higher quality of care and lower costs. Next, since an ASTC does not have the overhead of a 24/7 hospital, its cost per procedure is much lower. Payers like UnitedHealth Group have studied the shift of cases to ASTCs and found that for example, 500K patients would avoid staying in the hospital overnight if a routine hip & knee replacement was performed in an ASTC instead of a hospital. That would be a savings of \$3 billion (UnitedHealth Group, 2020).

The proposed ASTC will serve as an extension of existing surgical services at St. Elizabeth's Hospital and will offer a low-cost alternative, aiming to retain patients who might otherwise seek care outside the market, thus ensuring the local community has access to necessary healthcare services. The proposed project will enable HSHS to meet the increasing demand for surgical services, optimize resource allocation, and enhance the overall quality of care provided to the community. It will offer a high-quality, cost-effective alternative that increases access and satisfaction across the healthcare spectrum.

2. Define the planning area or market area

The ASTC is planned to serve the residents of O'Fallon and surrounding communities. The geographic service area (GSA) is defined by a 17-mile radius of the proposed ASTC location as shown in the map below. Also included in Table 1 below is a list of all zip code areas in the GSA that are located within a 17-mile radius of the proposed site of the ASTC and a population of 467,469. The patients within GSA makes up 73% of the outpatient surgeries performed at St. Elizabeth's Hospital in FY2023.

Map of Geographic Service Area:

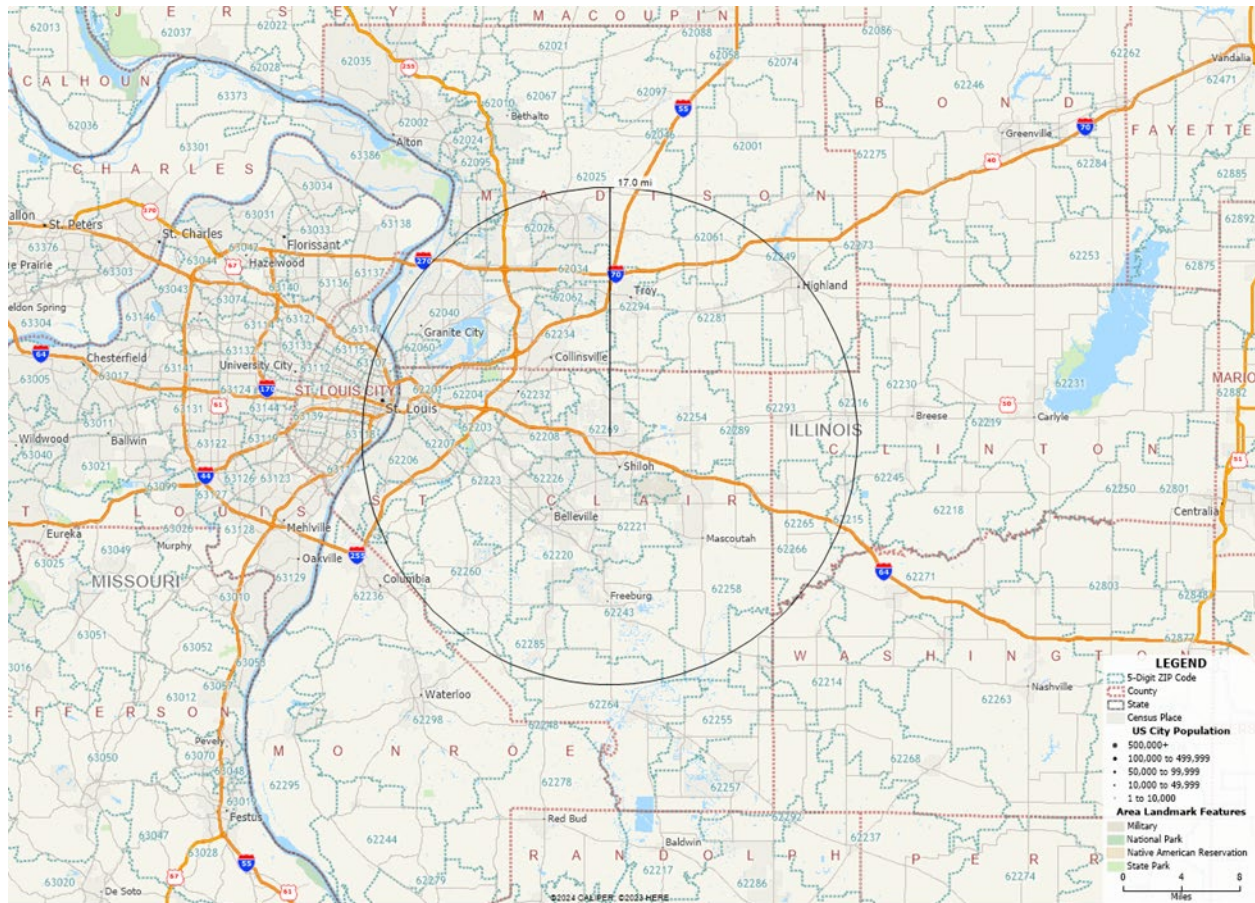


Table 1: Population within the Geographic Service Area

Zip Codes	Population 2024
62040	40,023
62025	36,653
62269	35,349
62234	31,250
62226	28,672
62221	28,412
62220	18,671
63104	18,409
62208	17,077
62249	16,126
62223	15,811
62294	15,462
62034	14,813
62206	12,078
62258	10,313
63103	9,848
63106	8,334
62062	8,107
62232	7,569
62260	7,003
62207	6,630
62254	6,534
62205	6,414
62203	5,841
62243	5,701
62225	5,048
62201	4,848
62293	4,643
62285	4,555
62265	4,553
63101	4,359
62204	4,158
62060	3,792
62264	3,113
62216	3,012
62281	2,892
63102	2,684
62245	1,995
62215	1,710
62061	1,669
62240	1,552
62090	906
62059	545
62289	324
62026	11
Total	467,469

3. Identify existing problems or issues that need to be addressed by the project

The existing healthcare infrastructure in O'Fallon faces several challenges, including the out-migration of patients seeking surgical care in St. Louis and capacity constraints at HSHS St. Elizabeth's Hospital.

- St. Elizabeth's Hospital capacity and the future OR need to support projected growth.
 - The hospital has experienced significant growth and is currently at 94% inpatient occupancy, 96% ED bed occupancy, and 120% OR utilization.
 - Sg2 projects there to be an 11% growth in outpatient volumes in this market over the next 5 years.
 - This situation limits its ability to accommodate both inpatient and outpatient surgical volumes, potentially impacting the quality and accessibility of care for higher acuity patients.
- Over 9,000 adult and 2,000 pediatric patients left the O'Fallon area for care and sought health care services in Missouri. Expanding our facilities will provide us with an opportunity to improve access and keep care local.
- Underserved population/population in need
 - In our GSA, 30 out of the 45 zip codes are in towns of less than 10,000 residents. These rural communities lack access to high quality health care and rely on St. Elizabeth's.
 - The 65+ population is expected to grow from 87,419 to 96,517, which is a growth rate of 10.4% (**Table 2**, below). As the elderly population ages, it will need more health care services.
- Prevention/Screening
 - Colorectal cancer is the fourth leading cause of cancer deaths in Illinois
 - The incidence of colorectal cancer has decreased from 50.9 per 100,000 in 2008 to 40.4 per 100,000 in 2017. In 2017, there were 2,223 deaths from colorectal cancer in Illinois.
 - GI services will be provided in the two procedure rooms in the proposed ASTC. An ASTC will allow HSHS to open more access to patients for screening and in turn decrease mortality for this patient population.
- According to the Behavioral Risk Factor Surveillance System, St. Clair County adults are surpassing other counties in the state of Illinois in risk factors leading to chronic conditions and in chronic conditions such as diabetes, high blood pressure and more, as shown in **Table 3** below. Additionally, the leading causes of premature death in St. Clair County are heart disease and cancer, both of which may be preventable and/or manageable with healthy behaviors and early detection and intervention. The ASTC will allow HSHS to increase access to screenings, such as colonoscopies, and will also allow

HSHS to build out programs such as its heart failure clinic in the hospital which will lead to improvements in the community's health.

Table 2: Increase in 65+ age cohort

Age Group	Population 2024	Population 2029	Variance	Growth Rate
65+	87,419	96,517	9,099	10.4%

Source: Claritas Pop-Facts utilized through Sg2's Market Demographic tools

Sg2 10-year growth rate projections for St. Elizabeth's service area is 25% growth for outpatient procedures among the 65+ population. The growing 65+ population will drive surgical volume at the proposed ASTC.

Table 3: Incidence of Chronic Disease: St. Clair County vs. Illinois

Condition	St. Clair County	Illinois
Adult obesity	37.0%	30.0%
Physical Inactivity	31.0%	22.0%
Arthritis	31.3%	24.7%
Asthma	10.3%	8.2%
High blood pressure	37.1%	32.2%
Cancer	7.3%	6.4%
High Cholesterol	35.1%	31.5%
Diabetes	12.0%	11.3%

Source: Illinois Department of Public Health Behavioral Risk Factor Surveillance System & County Health Rankings

4. Cite sources of information provided in sections above - provide documentation.

- i. <https://dph.illinois.gov/topics-services/diseases-and-conditions/cancer/2022-2027-illinois-comprehensive-cancer-control-plan/cancer-burden-illinois/colorectal-cancer.html>
- ii. https://www.hshs.org/getmedia/747ab159-5537-4283-afdf-3e905d7d8674/CHNA_report_SEO_DY_2024_FINAL.pdf
- iii. Illinois Hospital Association (IHA CompDATA)
- iv. Sg2 - Impact of Change data, market estimates and publications
- v. Hospital Sisters Health System internal patient care statistics and business planning
- vi. Zumstein-Shaha, M., & Grace, P. J. (2023). Competency frameworks, nursing perspectives, and interdisciplinary collaborations for good patient care: Delineating boundaries. *Nursing Philosophy*, 24, e12402. <https://doi.org/10.1111/nup.12402>
- vii. Patel RS, Sekhri S, Bhimanadham NN, Imran S, Hossain S. A Review on Strategies to Manage Physician Burnout. *Cureus*. 2019 Jun 3;11(6):e4805. doi: 10.7759/cureus.4805.

PMID: 31404361; PMCID: PMC6682395.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6682395/>

viii. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10724760/>

ix. https://www.beckersasc.com/asc-news/benchmarking-study-of-1-000-000-surgeries-in-asc-demonstrates-minimal-surgical-site-infections-emergency-department-visits-and-readmission-rates.html?oly_enc_id=4135B1782101G3X

x. Group, UnitedHealth. “New Research Highlights the Safety and Cost Savings Associated with Ambulatory Surgery Centers.” *UnitedHealth Group*, UnitedHealth Group, 15 Feb. 2024, www.unitedhealthgroup.com/newsroom/research-reports/posts/2020-12-10-research-ambulatory-surgery-centers-490916.html.

5. Detail how the project will address or improve the previously referenced issues as well as the population's health status

The primary purpose of the ASTC is alleviate extraordinarily high OR utilization in the hospital and to provide a low-cost surgical and procedural care alternative, ensuring that patients receive care in locations aligned with their acuity.

As discussed, St. Elizabeth's operating rooms are currently at 120% utilization and additional capacity is needed to assure continued access to these services in the area. The ASTC will free up hospital resources and capacity for higher acuity patients who require inpatient care, while providing a cost effective, high quality, and convenient alternative for outpatient care.

Also, area residents susceptible to chronic diseases that are leading causes of premature death in St. Clair County need access to providers in an ambulatory setting, such as the ASTC/MOB project proposed here, when their disease is still preventable/manageable. Studies have shown that timely access to health care services is critical to improve the health status of a given population. While there are many stakeholders involved in improving the health and well-being of a community, the local healthcare system has a responsibility to ensure timely access to all levels of care.

By retaining patients within the local market, the ASTC will also foster continuity of care and improve overall health outcomes for the community.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals

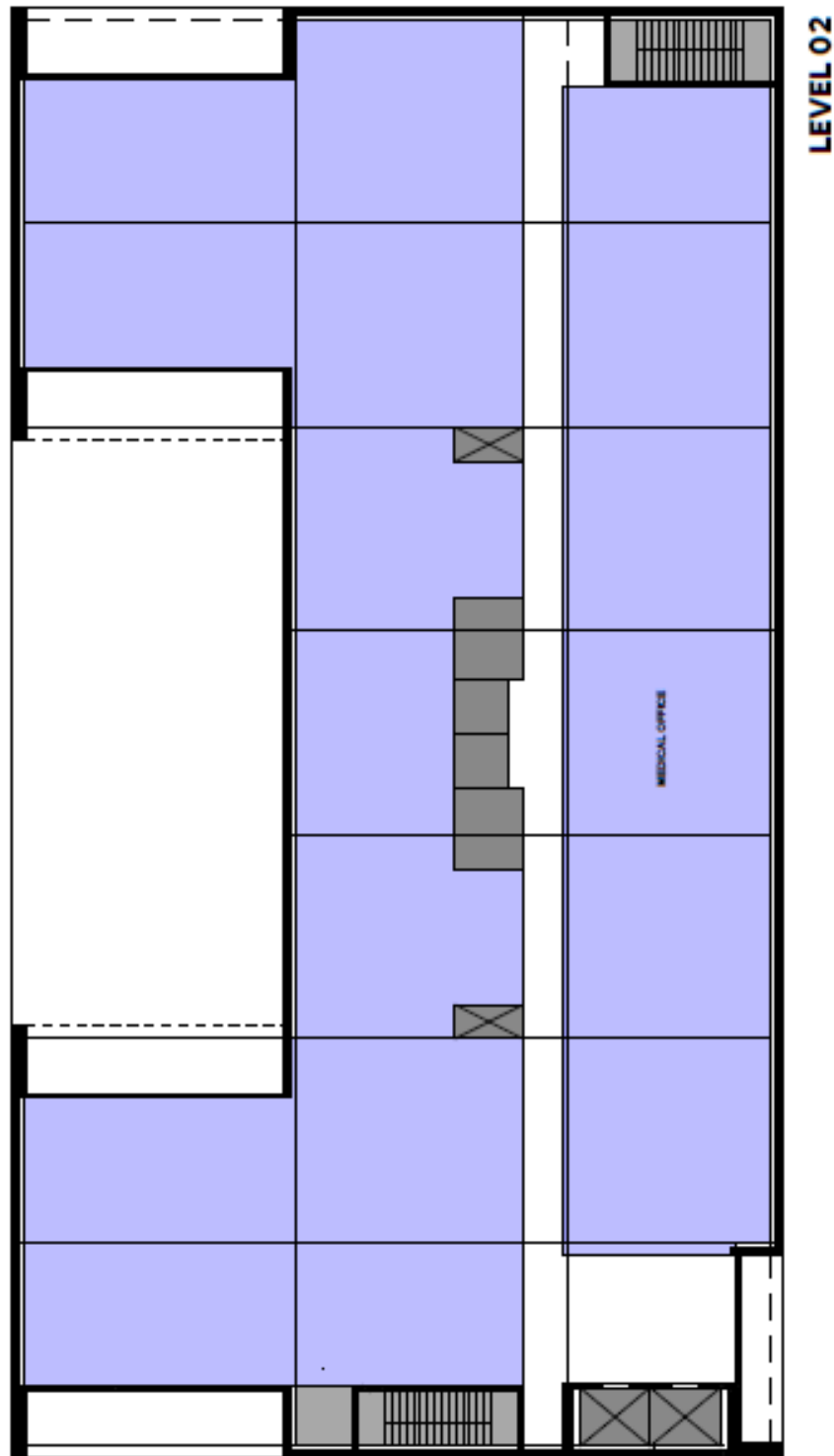
The proposed HSHS ASTC allows HSHS St. Elizabeth's Hospital to continue providing high quality healthcare to residents seeking care in its service area. The goals of this project include:

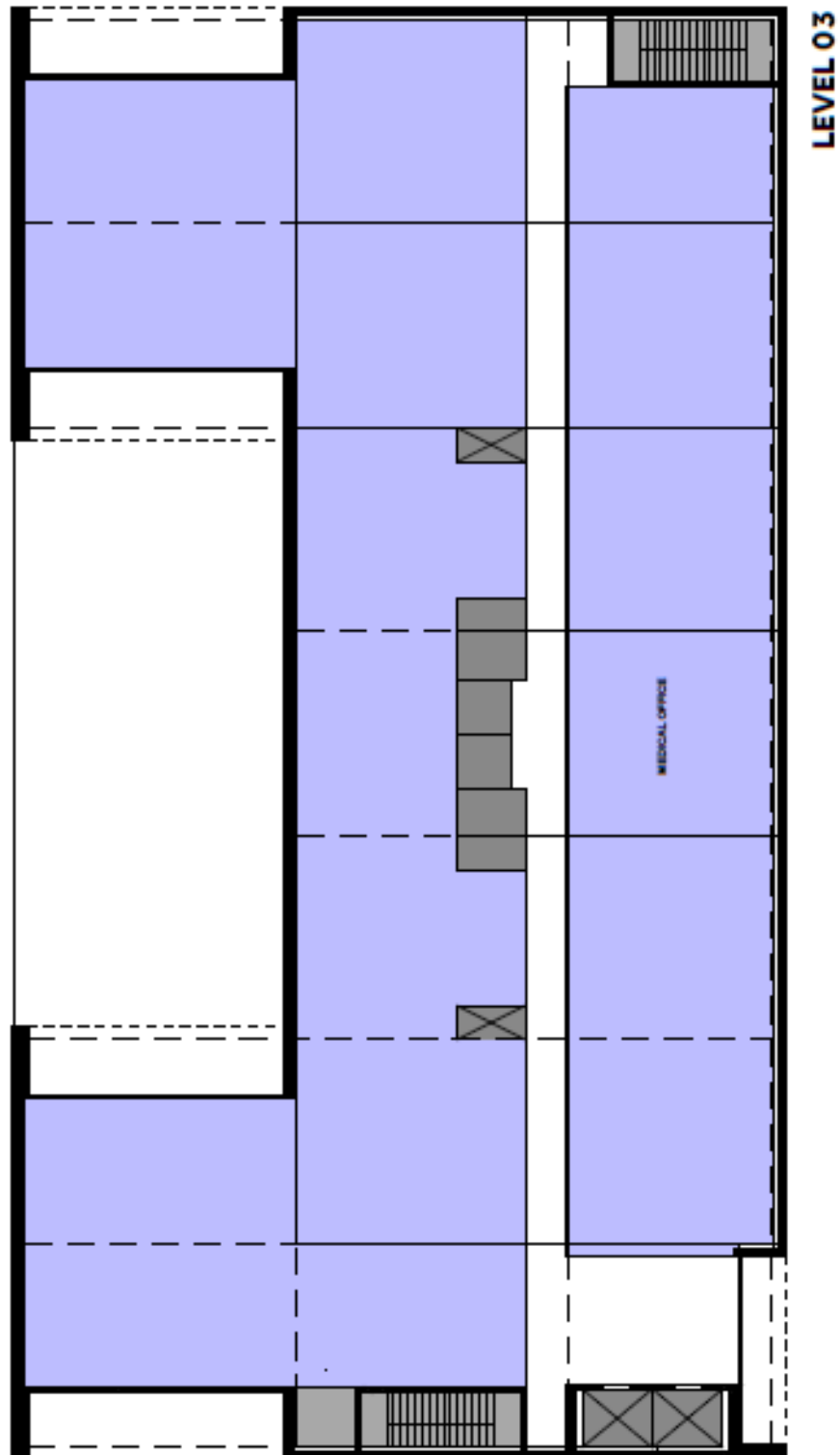
- **Providing an outpatient procedural alternative to hospital-based care that keeps patients closer to home:** Currently, approximately 40% of identified service area residents leave the market to seek care in St. Louis, Missouri. HSHS St. Elizabeth's Hospital's operating rooms are at max capacity and no longer has the ability to meet the

demand for outpatient surgery. By creating an ASTC on campus HSHS aims to decrease the number of Illinois patients forced to travel to St. Louis for outpatient surgical procedures.

- **Improving access to care by providing expanded services in the community:** St. Elizabeth's Hospital surgery platform is at 120% capacity creating difficulties for Primary Care physicians to refer patients for care resulting in surgeons having lengthy patient wait times for necessary ambulatory surgeries on campus.
- **Providing a lower cost outpatient procedural alternative in the community:** ASTCs are designed as a cost-effective alternative to hospital-based outpatient surgeries, offering a more streamlined and patient-friendly environment compared to traditional hospitals. This setup allows for greater efficiency, reduced healthcare costs, and often a better patient experience. (source: <https://www.chesshealthsolutions.com/2024/07/02/the-economic-case-for-ambulatory-surgery-centers-in-value-based-care/#:~:text=ASCs%20are%20designed%20as%20a,often%20a%20better%20patient%20experience.>) Procedures performed in an ASTC cost Medicare just 53% of the amount paid to HOPDs. Private insurance companies save similarly, which means employers also incur lower healthcare costs when employees utilize ASTC services. For this reason, both employers and insurers have recently been exploring ways to incentive the movement of patients and procedures to the ASTC setting (source: <https://www.ascassociation.org/advancingsurgicalcare/reducinghealthcarecosts/paymentdisparitiesbetweenascsandhopds>)
- **Increased patient safety and better outcomes:** ASTCs derive their advantages from being specialized facilities that exclusively perform surgical procedures. This allows surgeons and staff to focus on a smaller number of repeatable processes to create more efficient workflows. Through this specialization, ASTCs also focus on delivering a higher level of patient safety and quality outcomes:
 - A higher percentage of surgeries are completed on time in ASTC settings compared to hospitals
 - ASTCs have a lower rate of readmission rates, reoperations and revision surgeries compared to hospitals
 - ASTCs also limit the exposure to other patient populations which reduces the risk of surgical site infections











ATTACHMENT 13**Alternatives to the Project**

The proposed ASTC, imaging center and MOB will increase outpatient surgical services and provider clinic access to existing HSHS patients and patients across the HSHS service area. HSHS considered alternatives to improving the healthcare of the market area population and increasing access to surgical and clinical services. The following alternatives were considered prior to finalizing the proposed project.

Alternative #1: Maintain Current Services: (\$0)

This option would continue to perform all outpatient surgery and procedures at St. Elizabeth's Hospital. A significant concern with maintaining status quo is that too many procedures that can, and should, be performed in an ASTC would be done in a high-cost hospital setting. Additionally, St. Elizabeth's Hospital's ORs are at 120% capacity and are unable to meet the patient surgical demand coming in through the emergency room. Ambulatory surgeries are frequently being bumped to accommodate higher acuity cases which is a large patient dissatisfier for outpatients. Due to the fixed costs in a hospital setting as well as trends with insurance providers and increasing patient preference, it was determined to be important to provide an alternative option for HSHS patients in an outpatient ASTC.

Alternative #2: Utilize Regional HSHS Operating Rooms: (\$0)

As one of the larger Health System's in south-central Illinois, HSHS and its patients are looking for a high quality, lower cost setting for outpatient procedures. The physicians caring for these patients are primarily located nearby and are on staff at St. Elizabeth's Hospital. Patients in this community have an established pattern of coming to these providers for their comprehensive care requiring use of other facilities which could result in delays in access to care, repeat tests and disrupt continuity of care.

Alternative #3: Build Additional Capacity at St. Elizabeth's Hospital: (\$55M)

This option was quickly ruled out due to the high-costs associated in completely needing to renovate the main OR platform in a 7-year-old hospital. At the same time, this would require additional OR space to take over current medical / surgical inpatient beds. Seeing the current occupancy in the inpatient space is at 96% it is not feasible decrease inpatient capacity.

Alternative #4: Reduce Project Scope: (\$30M)

This option to develop an ASTC in a facility where the physicians that will have clinic offices and other diagnostics will enhance the continuity of care for services needed by these patients. To develop the type of services at another location would not provide the continuum of care and would be inevitably more costly.

A project of lesser scope such as less operating and procedure rooms would not allow St. Elizabeth's Hospital the ability to totally decompress its main hospital ORs. This would negate the ability to effectively care for the ambulatory patients with uncoordinated patient experience. At the same time, by maintaining a large portion of the ambulatory patients in the Hospital's ORs the Hospital would not have the ability to properly meet the needs of the

growing inpatient and emergency surgical needs, which are higher acuity patients. Lastly, this would further complicate any future ability for hospital expansion.

Alternative #5: Build a multidisciplinary Ambulatory Surgery and Procedure Center with Physician Partners – Project Selected (\$49M)

This option was selected as it provides an outpatient location for appropriate surgical procedures for HSHS patients in the service area. Key reasons to develop a multidisciplinary ASTC at this location include:

- Provides patient access to a high-quality, lower cost care in appropriate setting for outpatient procedures while maintaining current healthcare relationships in the service area. This will increase access and patient satisfaction while focusing on the patient's needs.
- Increase physician satisfaction with an efficient operating model, streamlined processes and improved scheduling without trauma or emergent patients.
- Total capital costs are lower to build an ASTC compared with expanding the hospital surgical suite
- Decompresses St. Elizabeth's Hospital's main ORs by moving ambulatory surgical cases to a more efficient and outpatient centric environment. This will free up capacity to better serve inpatients and trauma patients requiring higher acuity surgeries at the hospital.
- Project will offer ASTC services at same location as medical office building which will increase the continuity of care and access to medical services.
- Project will allow for the relocation of the imaging center from a building in need of expensive repairs into a brand new building.

ATTACHMENT 14**Size of the Project**

Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

The proposed ASTC includes 4 operating rooms and 2 procedure rooms, totaling 6 treatment rooms. For newly constructed ASTCs, the standard is 2750 gsf/Treatment Room, or 11,000 for the four operating rooms and 5,500 for the two procedure rooms.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED GSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
4 Operating Rooms	6,400	11,000	(4,600)	YES
2 Procedure Rooms	2300	5,500	(3,200)	YES

The proposed square footages above are based on the total clinical space of 8,700 gsf within the ASTC allocated between the four operating rooms (6,400 gsf) and two procedure rooms (2,300 gsf). Each operating room itself is approximately 576 gsf. This square footage provides enough space for cases with significant equipment and resources (like orthopedic cases). Newly constructed ambulatory surgery operating rooms typically range from 400-600 gsf. Each procedure room itself is approximately 255 gsf which falls within standard planning benchmarks.

ATTACHMENT 15

Project Service Utilization

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.

The project is expected to be operational in 2027 with the second year of operation in 2028. The projected utilization of services for which the Review Board has utilization standards is included in the table below. The ASTCs four Operating Rooms and two Procedure Rooms will meet the utilization standards for those services in both the first year and the second year of operation as shown in the table and narrative below.

UTILIZATION						
	DEPT./ SERVICE	CASES	Utilization	STATE STANDARD	Rooms Justified	MEET STANDARD?
2027	Operating Rooms (4)	3,289	5,520 hours	1,500 hours per room	3.7	Yes
	Procedure Rooms (2)	4,988	1,811 hours	1,500 hours per room	1.2	Yes
2028	Operating Rooms (4)	3,453	5,796 hours	1,500 hours per room	3.9	Yes
	Procedure Rooms (2)	5,237	1,902 hours	1,500 hours per room	1.3	Yes

The Operating Room utilization of 5,520 hours in the first year of operation (2027) is based on the referrals of the physicians identified in **Table 4: Operating Room Utilization**, below. The Procedure Room utilization of 1,811 hours is based on the referrals of the physicians identified in **Table 5: Procedure Room Utilization**, below. These two tables also set forth the number of treatments and average time of procedure for each surgical specialty proposed.

The utilization for the second year of operation (2028) is based on the assumption of a modest 5% increase in procedure volume from 2023 to 2028. This assumption is warranted based on the projected growth by 10.4% in the 65+ population cohort and the outpatient market demand forecast projects an 11% growth in the outpatient surgical and procedural services by 2029. These projections are from Claritas Pop-Facts utilized through Sg2's Market Demographic tools. Sg2 10-year growth rate projections for St. Elizabeth's service area is 25% growth for outpatient procedures among the 65+ population. The growing 65+ population will drive surgical volume at the proposed ASTC.

Table 4: Operating Room Utilization: 5,520 Hours

Physician	Specialty	Cases Referred to ASTC	Avg.Hours/Case	ASTC Hours
Cox, Daniel E	Cardiovascular	113	1.61	182
Aach, Douglas B	Colon/Rectal Surgery	2	1.68	30
Barnett, Kevin	Colon/Rectal Surgery	2		
Hart, Deirdre	Colon/Rectal Surgery	9		
Loethen, Paul E	Colon/Rectal Surgery	4		
George, Ryan M	ENT	75	1.76	243
Lesko, David W	ENT	24		
Srinet, Prateek	ENT	39		
Aach, Douglas B	General Surgery	19	1.54	873
Barnett, Kevin	General Surgery	115		
Bergom, Michael A	General Surgery	45		
Crouch, Donald Scott	General Surgery	112		
Hale Iv, Lyman L	General Surgery	45		
Hart, Deirdre	General Surgery	46		
Loethen, Paul E	General Surgery	124		
Luong, Thomas Vinh	General Surgery	4		
Smith, Matthew R	General Surgery	57		
Boyd, Emily B	GYN	33	1.61	418
Covlin, Michael A	GYN	78		
Dominick, Kathryn M	GYN	63		
Skelly, Stephanie	GYN	45		
Schifano, Michael	GYN	41		
Alali, Abdulaziz S	Neurosurgery	123	2.95	652
Fouke, Sarah Jost	Neurosurgery	15		
Johans, Stephen J	Neurosurgery	83		
Lerner, Andres	Orthopedics	401	2.07	1,641
Mccarthy, Kevin J	Orthopedics	183		
Morton, Steven	Orthopedics	6		
Weimer, Donald A	Orthopedics	203		
Aach, Douglas B	Plastic Surgery	53	1.68	138
Barnett, Kevin	Plastic Surgery	3		
Bergom, Michael A	Plastic Surgery	24		
Loethen, Paul E	Plastic Surgery	2		
Guignon, Bryan	Podiatry	91	1.39	345
Hart, Amanda M	Podiatry	2		
Snook, Eric	Podiatry	57		
Taylor, James D	Podiatry	91		
Whittenburg, Eric C	Podiatry	7		

Berg, Zachary M	Pulmonology	14	1.77	71
Reichardt, Brian A	Pulmonology	12		
Sutton, Christopher	Pulmonology	14		
Ark, Jacob T	Urology	134	1.14	927
Bullock, Travis L	Urology	62		
Critchlow, William A	Urology	128		
Rybak, James Patrick	Urology	336		
Strope, Seth A	Urology	150		
OPERATING ROOM REFERRAL TOTAL		3,289		5,520

Surgical hours are based on historical case times at St. Elizabeth's Hospital and assumed room prep/clean time of 15 minutes for operating rooms.

Table 5: Procedure Room Utilization: 1,811 Hours

Physician	Specialty	Cases Referred to ASTC	Avg.Hours/Case	ASTC Hours
Kim, Peter S	GI	2,093	0.55	1,358
Hart, Deirdre	GI	290		
Smith, Matthew R	GI	86		
Naseer, Kristina	Pain	2519	0.18	453
PROCEDURE ROOM REFERRAL TOTAL		4,988		
				1,811

Procedure room hours are based on historical case times at St. Elizabeth's Hospital.

ATTACHMENT 16
Unfinished/Shell Space

1. Total gross square footage (GSF) of the proposed shell space.

The total gross square footage of the proposed shell space is 43,809 gsf. This space consists of the second and third floors of the building.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.

The proposed shell space is to be allocated all for medical office space and required common areas.

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.**

The shell space is being constructed due to experienced increases in the historical high occupancy of medical office space in St. Elizabeth's existing 140,000 square feet connected medical office building. St. Elizabeth's existing MOB is 100% utilized and has no capacity for growth.

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.**

The proposed shell space is needed for future medical office space as the existing 140,000 square foot medical office building on the St. Elizabeth's Hospital campus was 98% occupied when it opened in 2017 and has been at 100% occupied since 2021. Historical utilization, defined as total occupied square footage divided by total available square footage, for HSHS St. Elizabeth's existing MOB is as follows:

Year	2020	2021	2022	2023	2024
Utilization	90%	100%	100%	100%	100%

Multiple physician groups in the existing building have outgrown their space and need to expand. Other physicians in the area are also interested in having clinical offices on campus and in particular in close proximity to the ASTC. In addition, SSM Health Cardinal Glennon Children's Hospital in St. Louis, Missouri, has expressed interest in leasing up to one full floor (approximately 22,000 square feet). In the proposed building. That represents about 50% of the 43,809 gsf of proposed shell space. On the following page is a letter from Dr. Hossain Marandi, President, SSM Health Cardinal Glennon Hospital regarding interest in the lease of the floor.



1465 S. Grand Boulevard
St. Louis, MO 63104-1095
phone: 314-577-5600

Through our exceptional
health care services,
we reveal the healing
presence of God.

September 4, 2024

Mr. Chris A. Klay, MHA, MA, PT, FACHE
President & CEO
HSHS St. Elizabeth's Hospital
1. St. Elizabeth's Blvd
O'Fallon, IL 62269

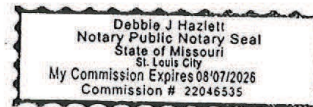
Re: Nonbinding Letter of Intent

Dear Chris:

This letter will confirm the interest of SSM Health Cardinal Glennon in leasing up to one full floor (or roughly 22,000 square feet) of space in the envisioned new medical office building to be located on the campus of HSHS St. Elizabeth's Hospital. Our anticipated use would be focused on specialized pediatric care. Obviously, with your new MOB yet to be designed, let alone approved by the Illinois Health Facilities and Services Review Board, we cannot enter into a binding contract or letter of intent at this time. Nonetheless, we provide this good faith evidence of our interest, at your request, to assist in your demonstration to the Illinois Health Facilities and Services Review Board of an unmet demand for medical office space on the campus of HSHS St. Elizabeth's Hospital.

Sincerely,

Hossain Marandi, MD, MBA, FACHE
President, SSM Health Cardinal Glennon Hospital



Debbie J. Hazlett

ATTACHMENT 17

Assurances for Unfinished/Shell Space

- 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.**

By their signatures the Certification pages of the applicants verify that they will submit to the Health Facilities and Services Review Board a CON application to develop and utilize the shell space in this proposed project, 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.**

Based on historical HSHS St. Elizabeth's existing MOB utilization and interest from local physician practices, the following table represents the anticipated dates when the shell space will be placed into operation:

Year	2027	2028	2029	2030
% Shell Space Utilization	50%	70%	90%	100%

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

As noted above, 50% of the shell space is expected to be built out and in use by the end of 2027, and all shell space is expected to be built out and in use by December 31, 2030.

ATTACHMENT 25**Non-Hospital Based Ambulatory Surgery**

The proposed project is for a new ambulatory surgery treatment center with four Operating Rooms and two Procedure Rooms. The following surgical specialties are proposed for the new facility:

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

ATTACHMENT 25**Non-Hospital Based Ambulatory Surgery**

1110.235(c)(2)(B) – Service to Geographic Service Area Residents: The applicant shall document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.

- i) The applicant shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area consisting of all zip code areas that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site.**

The ASTC is located in O'Fallon, Illinois, St. Clair County, on the campus of St. Elizabeth's Hospital. Pursuant to 77 Ill. Adm. Code 1100.510(d), the established radius for St. Clair County is 17 miles. A map of this geographic service area is included below and a list of all zip codes within the area is included in **Table 6**, below. The total population within these zip codes is 467,469 residents.

ATTACHMENT 25
Non-Hospital Based Ambulatory Surgery

Map of Geographic Service Area:

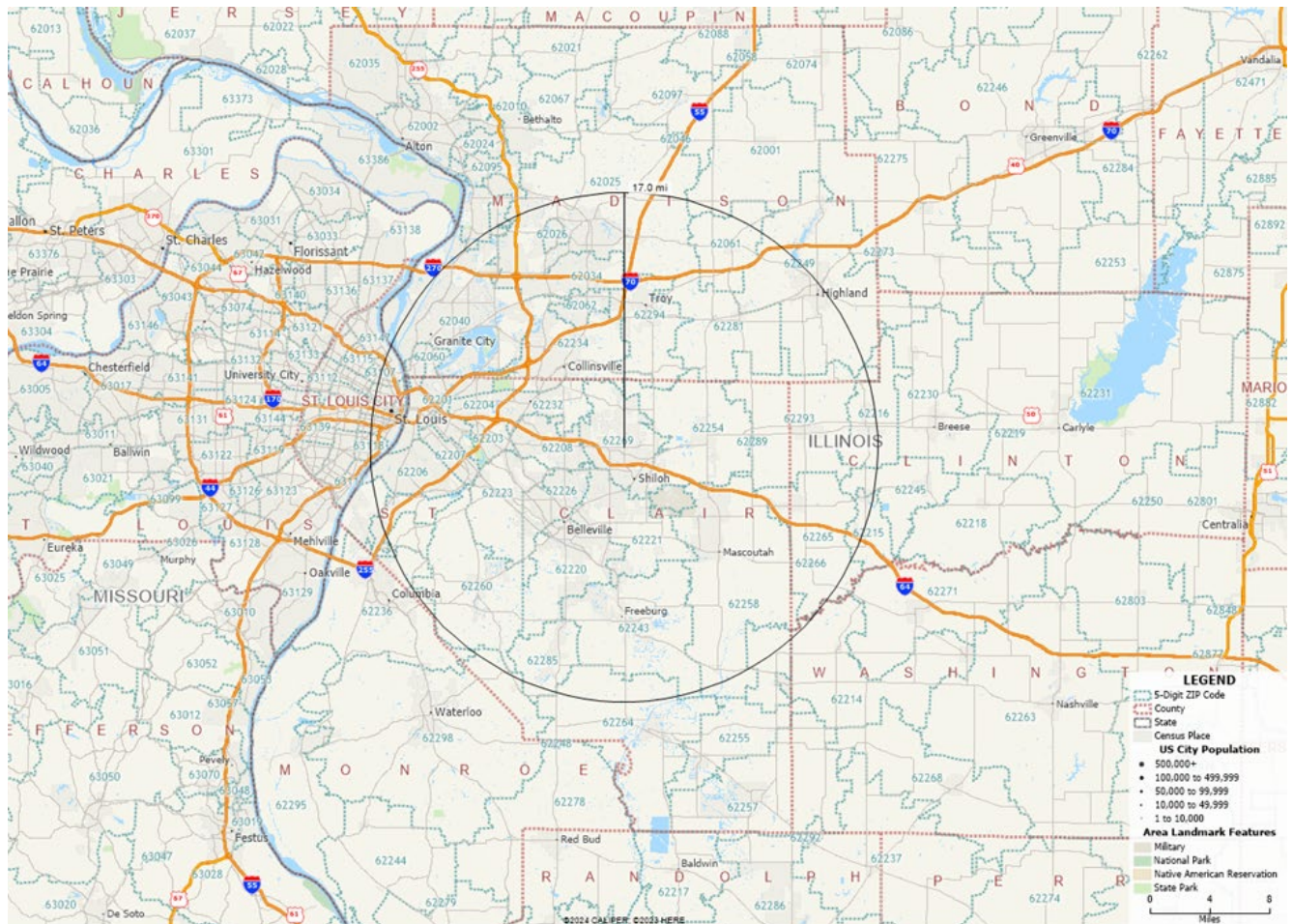


Table 6: Zip Codes and Population within the Geographic Service Area

Zip Codes	Population 2024
62040	40,023
62025	36,653
62269	35,349
62234	31,250
62226	28,672
62221	28,412
62220	18,671
63104	18,409
62208	17,077
62249	16,126
62223	15,811
62294	15,462
62034	14,813
62206	12,078
62258	10,313
63103	9,848
63106	8,334
62062	8,107
62232	7,569
62260	7,003
62207	6,630
62254	6,534
62205	6,414
62203	5,841
62243	5,701
62225	5,048
62201	4,848
62293	4,643
62285	4,555
62265	4,553
63101	4,359
62204	4,158
62060	3,792
62264	3,113
62216	3,012
62281	2,892
63102	2,684
62245	1,995
62215	1,710
62061	1,669
62240	1,552
62090	906
62059	545
62289	324
62026	11
Total	467,469

ATTACHMENT 25**Non-Hospital Based Ambulatory Surgery**

1110.235(c)(2)(B) – Service to Geographic Service Area Residents: The applicant shall document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.

- ii) The applicant shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA.**

The patient volume for the proposed ASTC is based entirely on the existing, historical volume of St. Elizabeth's Hospital. Physician referral letters supporting this volume are included in the following section of this Attachment. All of the patients included in the referral letters reside in Zip codes within the Geographic Service Area (GSA) of the proposed project which is a 17-mile radius around the location of the ASTC on the campus of St. Elizabeth's Hospital. Consequently, 100% of the patients the facility is intended to serve reside within the GSA. The number of patients by Zip code is included in **Table 7: Patient Origin by Zip Code**, below, which is based up physician referrals committed to the proposed ASTC.

Table 7: Patient Origin by Zip Code

Patient Zip Code	Number of Patient Referrals
62269	1484
62221	951
62226	730
62208	524
62234	457
62220	451
62258	408
62223	382
62254	226
62294	223
62293	210
62243	209
62265	198
62232	193
62040	177
62285	159
62260	152
62249	128
62206	113
62216	90
62205	87
62062	81
62203	77
62225	73
62034	66
62025	52
62204	49
62207	47
62281	47
62264	42
62201	37
62061	31
62215	28
62245	23
62060	22
62289	14
62240	11
62266	10
63101	6
63103	5
63104	4
62222	4
62090	2
62202	2
62059	1
Total	8,277

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery

1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service:

A) Historical Referrals

The applicant shall provide physician referral letters that attest to the physician's total number of treatments for each ASTC service that has been referred to existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12-month period prior to submission of the application.

Physician referral letters attesting to historical procedures the physicians performed at St. Elizabeth's Hospital in the recent 12-month period are attached with **APPENDIX A: Physician Referral Letters** at the end of this application. The following **Table 8** and **Table 9** summarize the referrals from the physician letters in Appendix A by Operating Room and Procedure Room treatments, respectively. These tables also show the physicians' FY 2023 procedure volumes at St. Elizabeth's Hospital.

The joint referral letter from Urology of St. Louis and Neurosurgery of St. Louis and the referral letter from Heartland Women's Healthcare reference historical data for physicians performing outpatient surgeries at St. Elizabeth's Hospital in FY 2023 as well as those surgical volume for the first eight months of FY 2024, annualized. Some physicians from 2023 are no longer with these groups but the surgical volumes performed by the groups' remaining physicians from January through August 2024 at St. Elizabeth's are on pace to exceed the 2023 referral volumes as reflected in the 2024 data accompanying the respective referral letters.

Table 8: ASTC Referrals by Service Line and Physician: Operating Rooms

St. Elizabeth's Historical Outpatient Volume and Physician Referrals to ASTC (referrals with asterick by physician name based on YTD 2024 annualized volume)			
Service Line	Physician Name	Referrals to ASTC	Hospital Volume
Cardiovascular	COX, DANIEL E	113	139
Cardiovascular Total		113	139
Colon/Rectal Surgery	AACH, DOUGLAS B	2	2
	BARNETT, KEVIN	2	2
	BERGOM, MICHAEL A	0	1
	BULLOCK, TRAVIS	0	1
	HART, DEIRDRE	9	10
	LOETHEN, PAUL E	4	4
Colon/Rectal Surgery Total		17	20
ENT	GEORGE, RYAN M	75	105
	SRINET, PRATEEK	39	51
	LESKO, DAVID W	24	34
ENT Total		138	190
General Surgery	BARNETT, KEVIN	115	149
	LOETHEN, PAUL E	124	154
	HALE IV, LYMAN L	45	56
	SMITH, MATTHEW R	57	75
	AACH, DOUGLAS B	19	28
	CROUCH, DONALD SCOTT	112	137
	BERGOM, MICHAEL A	45	51
	HART, DEIRDRE	46	60
	LUONG, THOMAS VINH	4	4
General Surgery Total		567	714
GYN*	COVLIN, MICHAEL A*	33	39
	SCHIFANO, MICHAEL*	63	78
	DOMINICK, KATHRYN M*	78	102
	SKELLY, STEPHANIE*	41	57

	BOYD, EMILY B*	45	72
GYN Total		260	348
Neurosurgery	ALALI, ABDULAZIZ S	123	193
	JOHANS, STEPHEN J*	83	117
	FOUKE, SARAH JOST*	15	36
Neurosurgery Total		221	346
Orthopedics	LERNER, ANDRES	401	479
	MCCARTHY, KEVIN J	183	234
	WEIMER, DONALD A	203	271
	MORTON, STEVEN	6	17
Orthopedics Total		793	1001
Plastic Surgery	AACH, DOUGLAS B	53	73
	BARNETT, KEVIN	3	3
	BERGOM, MICHAEL A	24	29
	LOETHEN, PAUL E	2	2
Plastic Surgery Total		82	108
Podiatry	TAYLOR, JAMES D	91	116
	GUIGNON, BRYAN	91	118
	WHITTENBURG, ERIC C	7	10
	SNOOK, ERIC	57	69
	HART, AMANDA M	2	3
Podiatry Total		248	316
Pulmonology	BERG, ZACHARY M	14	28
	REICHARDT, BRIAN A	12	32
	SUTTON, CHRISTOPHER	14	36
Pulmonology Total		40	96
Urology	RYBAK, JAMES PATRICK*	336	480
	CRITCHLOW, WILLIAM A*	128	195
	STROPE, SETH A*	150	219
	ARK, JACOB T*	134	189
	BULLOCK, TRAVIS L*	62	99
Urology Total		810	1182

TOTAL OR Referrals		3,289	4,460

Table 9: ASTC Referrals by Service Line and Physician: Procedure Rooms

Service Line	Physician Name	Referrals to ASTC	FY23 Hospital Volume
GI	KIM, PETER S	2093	2646
	HART, DEIRDRE	290	400
	SMITH, MATTHEW R	86	111
GI Total		2469	3157
Pain	NASEER, KRISTINA	2519	3841
Pain Total		2519	3841
Total Procedure Room Referrals		4,988	6,998

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery

1110.235(c)(5): Treatment Room Need Assessment

- A) The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume. The number of rooms shall be justified based upon an annual minimum utilization of 1,500 hours of use per room, as established in 77 Ill. Adm. Code 1100.
- B) For each ASTC service, the applicant shall provide the number of patient treatments/sessions, the average time (including setup and cleanup time) per patient treatment/session, and the methodology used to establish the average time per patient treatment/session (e.g., experienced historical caseload data, industry norms or special studies).

As set forth in **Attachment 15: Project Service Utilization**, the ASTC's four Operating Rooms and two Procedure Rooms will meet the utilization standards for those services in the first and second year of operation as shown in the table below.

		UTILIZATION				
	DEPT./ SERVICE	CASES	Utilization	STATE STANDARD	Rooms Justified	MEET STANDARD?
2027	Operating Rooms (4)	3,436	5,520 hours	1,500 hours per room	3.7	Yes
	Procedure Rooms (2)	4,988	1,811 hours	1,500 hours per room	1.2	Yes
2028	Operating Rooms (4)	3,608	5,796 hours	1,500 hours per room	3.9	Yes
	Procedure Rooms (2)	5,237	1,902 hours	1,500 hours per room	1.3	Yes

The Operating Room utilization of 5,520 hours in the first year of operation (2027) is based on the historical volume and referrals of the physicians identified in **Table 4: Operating Room Utilization** from Attachment 15, above. The Procedure Room utilization of 1,811 hours is based on the historical volume and referrals of the physicians identified in **Table 5: Procedure Room Utilization** from Attachment 15, above. These two tables also set forth the number of treatments and average time of procedure for each surgical specialty proposed. The tables are reproduced below for ease of reference.

The utilization for the second year of operation (2028) is based on the assumption of a modest 5% increase in procedure volume from 2023 (on which the historical referrals are based to 2028). This assumption is warranted based on the projected growth by 10.4% in the 65+ population cohort and the outpatient market demand forecast projects an 11% growth in the outpatient surgical and procedural services by 2029. These projections are from Claritas Pop-Facts utilized through Sg2's Market Demographic tools. Sg2 10-year growth rate projections for St. Elizabeth's service area is 25% growth for outpatient procedures among the 65+ population. The growing 65+ population will drive surgical volume at the proposed ASTC.

Table 4: Operating Room Utilization

Physician	Specialty	Cases Referred to ASTC	Avg.Hours/Case	ASTC Hours
Cox, Daniel E	Cardiovascular	113	1.61	182
Aach, Douglas B	Colon/Rectal Surgery	2	1.68	30
Barnett, Kevin	Colon/Rectal Surgery	2		
Hart, Deirdre	Colon/Rectal Surgery	9		
Loethen, Paul E	Colon/Rectal Surgery	4		
George, Ryan M	ENT	75	1.76	243
Lesko, David W	ENT	24		
Srinet, Prateek	ENT	39		
Aach, Douglas B	General Surgery	19	1.54	873
Barnett, Kevin	General Surgery	115		
Bergom, Michael A	General Surgery	45		
Crouch, Donald Scott	General Surgery	112		
Hale Iv, Lyman L	General Surgery	45		
Hart, Deirdre	General Surgery	46		
Loethen, Paul E	General Surgery	124		
Luong, Thomas Vinh	General Surgery	4		
Smith, Matthew R	General Surgery	57		
Boyd, Emily B	GYN	33	1.61	418
Covlin, Michael A	GYN	78		
Dominick, Kathryn M	GYN	63		
Skelly, Stephanie	GYN	45		
Schifano, Michael	GYN	41		
Alali, Abdulaziz S	Neurosurgery	123	2.95	652
Fouke, Sarah Jost	Neurosurgery	15		
Johans, Stephen J	Neurosurgery	83		
Lerner, Andres	Orthopedics	401	2.07	1,641
Mccarthy, Kevin J	Orthopedics	183		
Morton, Steven	Orthopedics	6		
Weimer, Donald A	Orthopedics	203		
Aach, Douglas B	Plastic Surgery	53	1.68	138
Barnett, Kevin	Plastic Surgery	3		
Bergom, Michael A	Plastic Surgery	24		
Loethen, Paul E	Plastic Surgery	2		
Guignon, Bryan	Podiatry	91	1.39	345
Hart, Amanda M	Podiatry	2		
Snook, Eric	Podiatry	57		
Taylor, James D	Podiatry	91		

Whittenburg, Eric C	Podiatry	7		
Berg, Zachary M	Pulmonology	14	1.77	71
Reichardt, Brian A	Pulmonology	12		
Sutton, Christopher	Pulmonology	14		
Ark, Jacob T	Urology	134	1.14	927
Bullock, Travis L	Urology	62		
Critchlow, William A	Urology	128		
Rybak, James Patrick	Urology	336		
Strope, Seth A	Urology	150		
OPERATING ROOM REFERRAL TOTAL		3,289		5,520

Surgical hours are based on historical case times at St. Elizabeth's Hospital and assumed room prep/clean time of 15 minutes for operating rooms.

Table 5: Procedure Room Utilization: 1,811 Hours

Physician	Specialty	Cases Referred to ASTC	Avg.Hours/Case	ASTC Hours
Kim, Peter S	GI	2,093	0.55	1,358
Hart, Deirdre	GI	290		
Smith, Matthew R	GI	86		
Naseer, Kristina	Pain	2519	0.18	453
PROCEDURE ROOM REFERRAL TOTAL		4,988		1,811

Procedure room hours are based on historical case times at St. Elizabeth's Hospital.

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery

1110.235(c)(6): Service Accessibility: The proposed ASTC services being established or added are necessary to improve access for residents of the GSA. The applicant shall document that at least one of the following conditions exists in the GSA:

- D) The proposed project is a cooperative venture sponsored by 2 or more persons, at least one of which operates an existing hospital.**

The proposed project is a cooperative venture sponsored by two entities: HSHS St. Elizabeth's Hospital and HSHS Medical Group. The hospital will be the 51% majority owner and operator of the ASTC licensee, Hospital Sisters Surgery Center, O'Fallon, LLC, and HSHS Medical Group will be the initial owner of a 49% minority interest in the licensee. It is anticipated that minority interests in the ASTC will be offered to physician investors including HSHS employed physicians as well as independent physicians.

- i) Document that the existing hospital is currently providing outpatient services to the population of the subject GSA.**

St. Elizabeth's Hospital is currently providing outpatient services to the population within the proposed Geographic Service Area ("GSA"). All of the patient volume for the ASTC is based upon historical operating room and procedure room volume at the hospital within the prior twelve months, and all of the hospital's patients receiving outpatient surgeries and procedures referenced in the physician referral letters resided within the 17-mile radius of the hospital's campus that constitutes the GSA. These outpatient services historically performed at St. Elizabeth's Hospital are tabulated in Tables 4 and 5 of the preceding section of this Attachment.

- ii) Document that the existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100.**

St. Elizabeth Hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the hospital and at the proposed ASTC based on the utilization standard specified in 77 Ill. Adm. Code 1100. That standard is a minimum of 80% occupancy that equates to 1,500 hours per room per year. Full utilization of 100% corresponds to 1,875 hours per room per year.

St. Elizabeth's has 10 Operating Rooms and five Procedure Rooms for a total of 15 rooms. The 2022 Hospital Profiles show that St. Elizabeth's had a total of 25,132 surgical hours representing 89.3% utilization ($25,132 \div (15 \times 1,875) = 0.893$). The 2023 Annual Hospital Questionnaire reports that St. Elizabeth's had a total of 33,988 surgical hours representing 120.85% utilization ($33,988 \div (15 \times 1,875) = 1.2085$). A total of 7,331 hours, consisting of 5,520 Operating Room hours and 1,811 Procedure Room hours will be referred to the ASTC (See Tables 4 and 5 above). Subtracting those hours from the 2023 total surgical hours at St. Elizabeth's results in 94.8% utilization which is above the 80% utilization standard: $(33,988 - 7,331) \div (15 \times 1,875) = 0.931$. The foregoing calculations are summarized in **Table 10**, below.

Table 10: Justification of Surgery and Procedure Rooms

Facility	Total Rooms	Surgical Hours 2023	Utilization at 1875 hrs/rm	Hours Referred to ASTC	Hrs. Remaining at Hospital	Hospital Utilization after ASTC
St. Elizabeth's Hospital	15	33,988	120.85%	7,331	26,657	94.78%

As addressed in Attachment 15: Project Service Utilization, the 5,520 Operating Hours referred to the ASTC justify the four Operating Rooms requested, and the 1,811 procedure room hours justify the two procedure rooms requested. The historical surgical hours at St. Elizabeth's Hospital justify the treatment rooms at both the hospital and the ASTC.

- iii) Document that the existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months.**

By its signatures and certifications on the signature pages of this application, HSHS St. Elizabeth's Hospital agrees not to increase its surgical and treatment rooms at the hospital until the proposed ASTC's operating rooms and procedure rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months.

- iv) Document that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.**

The proposed charges at the ASTC will be lower than those of the hospital. The Centers of Medicare and Medicaid Services (CMS) continues to establish and strengthen policy that is driving outpatient procedures into an ASTC setting when medically appropriate. **Table 11, Medicare Beneficiary Responsibility**, below, highlights the savings for a Medicare beneficiary having the same procedure in an ambulatory surgery center versus a hospital outpatient department (HOPD). Medicare beneficiaries are responsible for twenty percent (20.0%) of the amount allowed payable by Medicare. Not only does the overall Medicare program benefit from an ambulatory surgery center, but also the patient.

Table 11: Medicare Beneficiary Responsibility

CPT Code	Description	ASTC National Medicare Patient Responsibility	HOPD National Medicare Patient Responsibility	ASTC Savings
45385	Colonoscopy w/Removal of Polyps	\$171	\$273	\$102
43239	EGD w/Biopsy	\$120	\$198	\$78
29881	Knee Arthroscopy w/Meniscectomy	\$411	\$724	\$313
47562	Laparoscopic Cholecystectomy	\$671	\$1,229	\$558
64721	Carpal Tunnel Release	\$266	\$454	\$188
64415	Epidural Steroid Injection	\$107	\$186	\$79
29827	Shoulder Arthroscopy w/Rotator Cuff Repair	\$889	\$1,574	\$685
52332	Cystourethroscopy w/Stent Insertion	\$355	\$694	\$339
31256	Nasal/Sinus Endoscopy w/Maxillary Antrostomy	\$348	\$748	\$400
69436	Tympanostomy under General Anesthesia	\$164	\$321	\$157
52356	Cystourethroscopy w/Ureteroscopy and Lithotripsy	\$574	\$1,066	\$492

Source: <https://www.medicare.gov/procedure-price-lookup/>.

Commercial insurance payers have followed CMS' example and are mandating ASTC utilization if there is one available. United Healthcare, one of the largest insurers in the nation, is an example of this as it has created outpatient surgical procedures site of service guidelines, which state that for certain planned surgical procedures, a patient must first seek care at an ASTC for it to be covered. Source:

<https://www.uhcprovider.com/en/searchresult.html?q=Site%20of%20care&sort=relevancy>

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery

1110.235(c)(7): Unnecessary Duplication/Maldistribution: The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(B)(i):

- i) **The total population of the GSA (based upon the most recent population numbers available for the State of Illinois)**

The Geographic Service Area (GSA) is a 17-mile radius circle around the project site which is located on the campus of St. Elizabeth's Hospital. The total population within the GSA is 467,469 based on the following Zip Codes located within the GSA. The population by Zip Code is tabulated in **Table 6**, above, which is reproduced below for ease of reference.

Table 6: Zip Codes and Population within the Geographic Service Area

Zip Codes	Population 2024
62040	40,023
62025	36,653
62269	35,349
62234	31,250
62226	28,672
62221	28,412
62220	18,671
63104	18,409
62208	17,077
62249	16,126
62223	15,811
62294	15,462
62034	14,813
62206	12,078
62258	10,313
63103	9,848
63106	8,334
62062	8,107
62232	7,569
62260	7,003
62207	6,630
62254	6,534
62205	6,414
62203	5,841
62243	5,701
62225	5,048
62201	4,848
62293	4,643
62285	4,555

62265	4,553
63101	4,359
62204	4,158
62060	3,792
62264	3,113
62216	3,012
62281	2,892
63102	2,684
62245	1,995
62215	1,710
62061	1,669
62240	1,552
62090	906
62059	545
62289	324
62026	11
Total	467,469

- ii) **Provide the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.**

The hospitals and ASTCs located within 17 miles of the proposed site are listed in Table 12, below.

Table 12: Hospitals and ASTCs Located in the GSA

Facility	City	Facility Type	Distance in miles from Applicant site	Total Rooms	Surgical Hours		Utilization	
					2022	2023	2022	2023
HSBS St. Elizabeth's Hospital	O'Fallon	Hospital	0.2	15	25,132	33,988	89.4%	120.8%
O'Fallon Surgery Center	O'Fallon	ASTC	0.6	2	699	N/A	18.6%	N/A
Memorial Hospital East	Shiloh	Hospital	2.1	6	4,738	5,054	42.1%	44.9%
MetroEast Endoscopy Center	Fairview Heights	ASTC	4.6	1	1,164	1,174	62.1%	62.6%
Bel-Clair ASTC	Belleville	ASTC	7.3	2	1,018	N/A	27.1%	N/A
Memorial Hospital	Belleville	Hospital	7.6	33	12,261	12,715	19.8%	20.5%
Touchette Regional Hospital	Centreville	Hospital	14.0	6	777	763	6.9%	6.8%
Anderson Hospital	Maryville	Hospital	15.0	11	10,244	10,522	49.7%	51.0%

Source: Distances are the shortest mileage based on Google directions.

Surgical hours for 2022 are from the Hospital Profiles

Surgical hours for 2023, where available, or from the State Board Staff Report, Project # 23-047, Table 4.

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery

1110.235(c)(7)(B): Unnecessary Duplication/Maldistribution: The applicant shall document that the project will not result in maldistribution of services.

The proposed project will not result in unnecessary duplication or maldistribution of surgical services. As addressed above, the project is a cooperative venture sponsored by St. Elizabeth's Hospital and all of the referral volume for the ASTC is based upon the hospital's historical utilization which justifies both the hospital's surgical treatment rooms and the ASTC's surgical treatment rooms. The project does not rely on any patient volume from any other area facility.

The project is also necessary to reduce high utilization of St. Elizabeth's Hospital. As shown in **Table 12**, above, the 2023 Annual Hospital Questionnaire for St. Elizabeth's Hospital reports surgical utilization of over 120% with 33,988 surgical hours. Further, as shown in **Table 10**, above, even with the referral of 7,331 surgical hours from St. Elizabeth's Hospital to the ASTC, the hospital is still projected to operate at over 94% utilization, which is above the 80% target utilization for surgical treatment rooms.

1110.235(c)(7)(C): Unnecessary Duplication/Maldistribution: The applicant shall document that, within 24 months after project completion, the proposed project:

- i) **will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and**
- ii) **will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.**

The project will not lower the surgical utilization of any area providers, other than St. Elizabeth's Hospital which is currently over-utilized at 120.8%. St. Elizabeth's utilization will be lowered to 94.78%, which remains above the utilization target of 80%.

As shown in **Table 12**, on the previous page, St. Elizabeth's Hospital is the only area provider that is currently operating at or above the utilization standards for surgical treatment rooms. The proposed project will not further lower the utilization of the other facilities because the project does not rely on patient volume from any of those facilities. All of the patient referrals to the ASTC are from physicians who are currently performing the surgeries at St. Elizabeth's Hospital.

ATTACHMENT 25**Non-Hospital Based Ambulatory Surgery****1110.235(c)(8)(A): Staffing Availability**

HSHS has a long history of staffing its procedural areas and uses a variety of tools to recruit staff. HSHS uses a web-based program for developing and maintaining a pipeline of candidates for various roles along with traditional campus and in-person recruiting efforts. These same recruiting tools will be used to staff the proposed surgery center and offer positions to existing team members at other sites. This type of surgery center typically employs approximately 50 full-time team members in a variety of clinical and non-clinical roles including a lead administrator and nursing to lead this local site staffing effort. The surgery center typically operates Monday - Friday during normal business hours, making it an attractive workplace.

St. Elizabeth's Hospital has served the community for over 140 years and its longevity is due in part to its ability to staff the hospital with competent health care providers, nurses, and ancillary staff. St. Elizabeth's has been certified and passed its most recent Joint Commission survey, which showcases that its commitment to providing high quality care. The hospital will be moving forward to achieve AAACH (Accreditation Association for Ambulatory Health Care) status and, similar to Joint Commission, there are minimum staffing requirements that St. Elizabeth's is committed to fulfilling and exceeding to provide the highest quality of care. Staff will have appropriate experience, training, licensure, and certifications related to working in the ASTC. Hiring and retaining a high-quality team is essential to the delivery of exceptional patient care and a primary goal of the leadership team.

All staff in the ASTC will have emergency training and be ACLS certified with many PALS certified. As per Medicare standards there will be ABC Clinic board certified physicians in house (pending discharge needs) or available for immediate consultation at the ASC.

All providers will have admitting privileges at St. Elizabeth's Hospital to facilitate admissions or transfer needs.

Any and all legal requirements related to the scope of each professional practice will be followed (Physician, PA, ARNP, RN, CST) and noted in the employee file or medical staff credentialing file.

1110.235(c)(8)(B): Medical Director

The ASTC will follow conditions for coverage established by the Centers for Medicare and Medicaid services. A Medical Director will represent the clinical and medical needs of the Facility. The Medical Director will also represent the views of the Medical Staff and be responsible for communicating concerns, conclusions, recommendations, and decisions of the Medical Staff to the Governing Body.

In addition, the Medical Director shall review and make recommendations on policies affecting the direct delivery of patient care, quality and the purchase of equipment needed to maintain and improve upon the delivery of patient care at the facility.

ATTACHMENT 25**Non-Hospital Based Ambulatory Surgery**

1110.235(c)(9): Charge Commitment: The applicant shall submit the following:

A) A statement of all charges, except for any professional fee (physician charge).

A list of anticipated charges at the proposed ASTC is included in **APPENDIX B: Statement of Charges** at the end of this application.

B) A commitment that these charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

By their signatures and certifications on the signature pages of this application, the applicants Hospital Sisters Health System, HSHS St. Elizabeth's Hospital and the licensee Hospital Sisters Surgery Center, O'Fallon, LLC commit that, at a minimum, for the first two years of operation of the ASTC the charges listed in **APPENDIX B: Statement of Charges** will not increase unless a permit is first obtained from the Health Facilities and Services Review Board pursuant to 77 Ill. Adm. Code 1130.310(a).

ATTACHMENT 25

Non-Hospital Based Ambulatory Surgery

1110.235(c)(10): Assurances

- A) The applicant shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.**

By their signatures and certifications on the signature pages of this application, the applicants Hospital Sisters Health System, HSHS St. Elizabeth's Hospital and the licensee Hospital Sisters Surgery Center, O'Fallon, LLC attest that a peer review program 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.

- B) The applicant shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100.**

Based on the physician referral letters and the historical high utilization of St. Elizabeth's Hospital's operating rooms, the ASTC will meet or exceed the utilization standards of 1500 hours per operating room and 1500 hours per procedure room.

The project completion date is March 31, 2027 and the second year of operation will be 2028. The projected utilization of services for which the Review Board has utilization standards is included in the table below. The ASTCs four Operating Rooms and two Procedure Rooms will meet the utilization standards for those services in both the first and the second year of operation as shown in the table and narrative below.

UTILIZATION						
	DEPT./ SERVICE	CASES	Utilization	STATE STANDARD	Rooms Justified	MEET STANDARD?
2027	Operating Rooms (4)	3,289	5,520hours	1,500 hours per room	3.7	Yes
	Procedure Rooms (2)	4,988	1,811 hours	1,500 hours per room	1.2	Yes
2028	Operating Rooms (4)	3,453	5,796 hours	1,500 hours per room	3.9	Yes
	Procedure Rooms (2)	5,237	1,902 hours	1,500 hours per room	1.3	Yes

The Operating Room utilization of 5,520 hours in the first year of operation (2027) is based on the referrals of the physicians identified in **Table 4: Operating Room Utilization** from Attachment 15, above. The Procedure Room utilization of 1,811 hours is based on the referrals of the physicians identified in **Table 5: Procedure Room Utilization** from Attachment 15, above. These two tables also set forth the number of treatments and average time of procedure for each surgical specialty proposed.

The utilization for the second year of operation (2028) is based on the assumption of a modest 5% increase in procedure volume from 2023 to 2028. This assumption is warranted based on the projected growth by 10.4% in the 65+ population cohort and the outpatient market demand forecast projects an 11% growth in the outpatient surgical and procedural services by 2029. These projections are from Claritas Pop-Facts utilized through Sg2's Market Demographic tools. Sg2 10-year growth rate projections for St. Elizabeth's service area is 25% growth for outpatient procedures among the 65+ population. The growing 65+ population will drive surgical volume at the proposed ASTC.

ATTACHMENT 31**Clinical Service Areas Other than Categories of Service**

The project involves the relocation of the imaging center of St. Elizabeth's Hospital from off-campus leased space to the proposed building on campus. There is no change in services which are identified below.

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> MRI	2	2
<input checked="" type="checkbox"/> X-Ray	1	1
<input checked="" type="checkbox"/> CT Scan	1	1
<input checked="" type="checkbox"/> Mammography	1	1

1110.270(c)(2): Service Modernization: Deteriorated Facilities.

The hospital's imaging center is currently located in leased property off campus that is in need of significant, costly modernization. The current leased property across the street from the hospital campus needs over \$1.8 million in repairs to address issues associated with the roof, air handling system, sprinkler system and parking lot. The lease terms state that the St. Elizabeth's would be responsible for these repairs. Given that HSHS does not own the building, and the lease expires December 2025, St. Elizabeth's has decided not to further invest in the leased space and not renew the lease. Instead, the imaging center will be relocated to the new building on campus. HSHS will be seeking a month-to-month extension in the current lease after December 2025 to when the new space for the imaging center is expected to be available in 2026.

1110.270(c)(3): Utilization

The Fiscal Year 2024 utilization of each of the services in the current imaging center, and state guidelines, are shown in Table 13, below.

Table 13: FY24 Utilization of Imaging Services

Service	Units	FY24 Utilization visits/procedures	State Guidelines visits/procedures	Standard Met?
MRI	2	2,446	2,500	NO
X-Ray	1	7,361	6,500	YES
CT Scan	1	3,776	7,000	YES
Mammography	1	6,607	5,000	YES

Regarding MRI utilization, St. Elizabeth's Hospital recently acquired the second MRI which has only been in operation for a few months. The utilization of the two units is only 55 procedures from exceeding the standard of 2,500, which would justify the two units, and that level is expected to be exceeded by the end of this year.

ATTACHMENT 34**Availability of Funds**

Section 1120.120, Availability of Funds – Review Criteria is not applicable as the Hospital Sisters Health System has an A+ rating from Fitch and S&P Global. Documentation of the Fitch and S&P Global ratings are attached.

Also, attached is a letter from the HSHS Chief Financial Officer, Michael Scialdone, verifying that HSHS has sufficient and readily accessible internal resources and HSHS intends to use cash and existing securities to fund the ASTC and MOB project.



Hospital Sisters
HEALTH SYSTEM

September 6, 2024

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial
Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital
Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial
Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by Hospital Sisters Ministries

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield IL 62761

Re: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC and Medical Office Building
III. Admin. Code Section 1120.120(a) Available Funds Certification
III. Admin. Code Section 1120.140(a) Reasonableness of Financing Arrangements

To Whom It May Concern,

As a representative of Hospital Sisters Health System, I Michael A. Scialdone, hereby attest that the project costs will be \$49,790,781. Hospital Sisters Health System will fund the entirety of the construction portion of the project with cash and existing securities. The remainder of the project will be paid with cash and existing securities thorough the lease for the space in the building. The Applicant has sufficient and readily accessible internal resources to fund the obligation required by the project, and to fully fund other ongoing obligations.

I further certify that our analysis of the funding options for this project reflected that the funding strategy outlined herein is the lowest net cost option available.

Sincerely,

Michael Scialdone

Michael Scialdone
SVP- Chief Financial Officer
Hospital Sisters Health System



9/6/2024



RATING ACTION COMMENTARY

Fitch Revises Hospital Sisters Services, Inc. (IL)'s Outlook to Stable; Affirms IDR at 'A+'

Tue 07 Mar, 2023 • 9:59 AM ET

Fitch Ratings • Austin • 07 Mar 2023: Fitch Ratings has affirmed Hospital Sisters Services, Inc.'s (d/b/a Hospital Sisters Health System, HSHS) 'A+' Issuer Default Rating (IDR) and the 'A+' ratings assigned to revenue bonds issued by the Illinois Finance Authority, Southwestern Illinois Development Authority, and Wisconsin Health & Educational Facilities Authority on behalf of HSHS.

Fitch has also affirmed the 'F1+' Short-Term rating on HSHS' variable rate debt supported by self-liquidity.

The Rating Outlook has been revised to Stable from Positive.

RATING ACTIONS

ENTITY / DEBT ♦	RATING ♦			PRIOR ♦
Hospital Sisters Services Inc. (IL)	LT IDR	A+ Rating Outlook Stable	Affirmed	A+ Rating Outlook Positive
Hospital Sisters Services Inc. (IL) /General Revenues/1 LT	LT	A+ Rating Outlook Stable	Affirmed	A+ Rating Outlook Positive

[VIEW ADDITIONAL RATING DETAILS](#)

SECURITY

The bonds are a joint and several liability of each member of the obligated group. The obligated group represents all fully owned hospitals and comprised the vast majority of system total assets and total operating revenue.

ANALYTICAL CONCLUSION

The 'A+' IDR is based on HSHS' strong financial profile assessment in the context of the system's midrange revenue defensibility and midrange operating risk profile assessments. The system enjoys a diverse revenue base with 15 hospitals in multiple markets over two states.

The Stable Rating Outlook considers that as HSHS continues to execute on strategies, which it believes will help it rebound from the pressures of rising labor and supply costs, its operational metrics should improve over time. Fitch expects that over time the system should return to profitable operations and an operating EBITDA margin at in the 6%-7% range. In addition, Fitch believes capital-related ratios should improve. Fitch notes that even in a stress case of the forward-looking scenario analysis, net adjusted debt-to-adjusted EBITDA and cash-to-adjusted debt are reasonably consistent with a 'aa' financial profile.

HSHS' Short-Term rating based on self-liquidity is 'F1+'. Per Fitch's criteria, an 'A+' IDR maps to an 'F1' Short-Term rating. HSHS' 'F1+' Short-Term rating also considers the systems robust coverage of demand debt supported by internal liquidity.

<https://www.fitchratings.com/research/us-public-finance/fitch-revises-hospital-sisters-services-inc-il-outlook-to-stable-affirms-idr-a-a-07-03-2023>

KEY RATING DRIVERS**Revenue Defensibility: 'bbb'****Broad Market Reach with Competition in Key Markets**

HSHS has broad market reach across multiple markets in Illinois and Wisconsin. While the system is the market leader in certain key markets, the system faces competition in many core areas such as Springfield (Memorial Health) and Green Bay (Advocate Aurora Health and Bellin Health).

As a diversified system operating in multiple markets, HSHS' service area quality is mixed, although generally stable, despite ongoing pressure from macro trends such as labor and inflation. The system's combined Medicaid and self-pay remains below Fitch's 25% threshold for a midrange assessment.

Operating Risk: 'bbb'**Operating Margins Challenged but Improving**

Operating margins have been challenged over the past 18 months after HSHS posted a solid operating margin of 4.0% in fiscal 2021. HSHS operations have been affected by the economic headwinds that face the industry as a whole. Management noted that as its mitigation strategies are being executed, the system has seen the operational loss improve from a negative 9.5% for the first quarter of fiscal 2023 to a negative 2.6% for the second quarter of fiscal 2023. The system has continued to see growth of utilization, which has helped with the improved operations, but noted that the system has seen length of stay rise as patient throughput issues driven by the larger labor challenges which are affecting the industry. Fitch believes that as HSHS executes its strategies, it will be successful in addressing the challenges it faces such as patient throughput and labor challenges as HSHS strives to get back to breakeven results and then further improvement.

Capital spending plans are manageable in the coming years. Management has planned \$100 million of capital spending in fiscal 2023. HSHS scaled back its capital spending for fiscal 2023 as it focuses on strategies to improve operations. Looking forward, HSHS will flex its capital spending based on the improvement of cash flow to support a higher level of spend. While not fully defined, HSHS may issue debt within the next 24 months to support future capital needs. Fitch believes that HSHS has capacity to issue debt and maintain the current rating.

Financial Profile: 'aa'**Strong Capital-Related Ratios in Forward-Looking Scenario Analysis Including Potential Debt Issuance**

HSHS' capital-related metrics should remain consistent, even with a potential debt issuance in the next 24 months for future capital plans that are not fully defined, with a strong financial profile in Fitch's forward-looking scenario analysis, including in the stress case.

At mid-year fiscal 2023 (ended December 31), the system had just over \$750 million of debt and unrestricted cash, and investments measured more than \$1.3 billion (HSHS had repaid all Medicare advance payments as of Dec. 31, 2022). HSHS' defined benefit (DB) pension plan was 100% funded at FYE 2022 (relative to a projected benefit obligation of nearly \$2.6 billion). Because Fitch's calculation of adjusted debt includes only the portion of a DB plan below an 80% funded level, HSHS' adjusted debt is equivalent to its direct debt. Therefore, at FYE 2022, net adjusted debt was favorably negative.

Based on fiscal 2022 results, HSHS' net adjusted debt-to-adjusted EBITDA was favorably negative at -3.4x and cash-to-adjusted debt was approximately 180%. In the stress case of Fitch's forward-looking scenario analysis, net adjusted debt-to-adjusted EBITDA is favorably negative by year two and cash-to-adjusted debt is nearly 170% by year four.

Asymmetric Additional Risk Considerations

There are no asymmetric risk factors associated with HSHS' rating.

RATING SENSITIVITIES

Factors that could, individually or collectively, lead to negative rating action/downgrade:

<https://www.fitchratings.com/research/us-public-finance/fitch-revises-hospital-sisters-services-inc-ii-outlook-to-stable-affirms-idr-at-a-07-03-2023>

--Reversion to weaker operating metrics, particularly if the operating EBITDA margin is expected to be sustained below 6%;

--Increase in new debt or other balance sheet pressures such that cash-to-adjusted debt is expected to remain below 175% in a forward-looking scenario

Factors that could, individually or collectively, lead to positive rating action/upgrade:

--Stabilization of operations such that the operating EBITDA is sustained at least in the 6%-7% range;

--Maintenance of cash-to-adjusted debt above 200%, even in a stress case scenario.

BEST/WORST CASE RATING SCENARIO

International scale credit ratings of Sovereigns, Public Finance and Infrastructure issuers have a best-case rating upgrade scenario (defined as the 99th percentile of rating transitions, measured in a positive direction) of three notches over a three-year rating horizon; and a worst-case rating downgrade scenario (defined as the 99th percentile of rating transitions, measured in a negative direction) of three notches over three years. The complete span of best- and worst-case scenario credit ratings for all rating categories ranges from 'AAA' to 'D'. Best- and worst-case scenario credit ratings are based on historical performance. For more information about the methodology used to determine sector-specific best- and worst-case scenario credit ratings, visit <https://www.fitchratings.com/site/re/10111579>.

CREDIT PROFILE

HSHS is comprised of 15 owned inpatient hospitals and a joint venture partnership hospital (Door County Medical Center). HSHS operates two divisions: Illinois (centered on Springfield, Decatur, and O'Fallon in metro east St. Louis) and Wisconsin (centered on Green Bay, Sheboygan, and Eau Claire and Chippewa Falls). In addition to hospital operations, HSHS has well over 1,000 fully aligned physicians and a physician clinical integration network (PCIN) with well over 2,000 providers, outpatient clinic facilities in multiple locations throughout Illinois and Wisconsin, and the Prevea Health managed care health plan in Wisconsin. Total operating revenue approached \$2.9 billion in audited fiscal 2022.

In addition to the sources of information identified in Fitch's applicable criteria specified below, this action was informed by information from Lumesis.

REFERENCES FOR SUBSTANTIALLY MATERIAL SOURCE CITED AS KEY DRIVER OF RATING

The principal sources of information used in the analysis are described in the Applicable Criteria.

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Unless otherwise disclosed in this section, the highest level of ESG credit relevance is a score of '3'. This means ESG issues are credit-neutral or have only a minimal credit impact on the entity, either due to their nature or the way in which they are being managed by the entity. For more information on Fitch's ESG Relevance Scores, visit www.fitchratings.com/esg.

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APPLICABLE CRITERIA

[U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria](#) (pub. 18 Nov 2020) (including rating assumption sensitivity)

[Public Sector, Revenue-Supported Entities Rating Criteria](#) (pub. 01 Sep 2021) (including rating assumption sensitivity)

APPLICABLE MODELS

Numbers in parentheses accompanying applicable model(s) contain hyperlinks to criteria providing description of model(s).

Portfolio Analysis Model (PAM), v2.0.0 (1)

ADDITIONAL DISCLOSURES

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Southwestern Illinois Development Authority (IL)

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Hospital Sisters Services Inc., Illinois Southwestern Illinois Development Authority; Joint Criteria; System

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<i>Long Term Rating</i>	A+/Negative	Outlook Revised

Credit Highlights

- S&P Global Ratings revised the outlook to negative from stable and affirmed its 'A+' long-term rating and underlying rating (SPUR) on bonds issued by various entities for Hospital Sisters Services Inc. (HSSI), Ill. All financial information is based on the parent, Hospital Sisters Health System (HSHS).
- The outlook revision reflects meaningful operating losses incurred by the system in fiscal 2022 and through the Dec. 31, 2022, interim period that are expected to persist through fiscal 2023, along with a weakening of the maximum annual debt service (MADS) coverage for the system to below 1.0x. HSHS has been reliant on governmental relief funds throughout the COVID-19 pandemic to support previous operating performance. Absent stimulus funding, the system's operating performance would have been negative throughout the pandemic.
- At the same time, S&P Global Ratings affirmed its 'A+/A-1' dual rating on the series 2017B bonds issued by the Illinois Finance Authority (IFA), affirmed its 'A+' SPUR on IFA's series 2012G bonds, and affirmed its 'AA+/A-1' dual rating on the series 2012G bonds. All bonds were issued for HSSI.
- The 'AA+/A-1' dual rating on the series 2012G revenue refunding bonds is based on our joint criteria. The long-term component of the rating is based jointly (assuming low correlation) on the ratings on the obligor, HSSI, and the letter of credit provider, BMO Harris Bank N.A. The short-term component of the rating is based solely on the rating on BMO Harris Bank.
- The 'A-1' short-term component of the dual ratings of series 2017B reflects HSHS' utilization of the system's own liquidity. S&P Global Ratings monitors HSHS' liquidity monthly to ensure it remains adequate to support the system's self-liquidity obligations, if needed. HSHS has committed several sources of short- and long-term funds to

Hospital Sisters Services Inc., Illinois Southwestern Illinois Development Authority; Joint Criteria; System

support its unenhanced variable-rate demand bonds (VRDBs). As of Feb. 28, 2023, S&P Global Ratings has identified approximately \$472.80 million of available funds (as discounted by S&P Global Ratings) that support HSSI's \$64.9 million of self-liquidity debt. We will continue to monitor both the sufficiency and the liquidity available through HSHS' cash and assets to ensure that the system can cover the purchase price of any bonds in the event of a failed remarketing for its self-liquidity-backed VRDBs.

Security pledge

The bonds are full and unlimited obligations of each member of the Obligated Group.

Credit overview

The 'A+' rating reflects our view of HSHS' strong enterprise profile, characterized by healthy revenue diversity, with 15 hospitals and a robust ambulatory presence across two states, as well as two sizable multispecialty physician groups, and solid market share in the system's Illinois and Wisconsin service areas. The rating also reflects HSHS' healthy balance sheet, as evidenced by leverage and debt burden ratios that are below rating medians, as well as days' cash on hand (DCOH) and unrestricted reserve to long-term debt that remain sound for the rating. In addition, the rating incorporates the recent deterioration in operating performance in fiscal 2022 through the Dec. 31, 2022, interim period, and the ensuing decline in MADS coverage, along with the expectation that HSHS will generate operating losses through fiscal 2024, albeit at a lower level. The rating also incorporates a positive holistic adjustment, reflecting our view that the balance-sheet remains in line with an 'A+' rating, along with our expectation of operational improvements over the outlook period. That said, an inability to substantially bolster operating performance or strengthen MADS coverage could lead to a downgrade, as would a significant deterioration in the debt profile.

In fiscal 2022, HSHS' saw a meaningful deterioration in operating performance due to industrywide labor and wage pressures, service rationalization, patient throughput challenges, and inflationary pressures. Higher average length of stay and reduced patient throughput also contributed to operating losses. These headwinds persisted through the Dec. 31, 2022, interim period, although the majority of operating losses to date were incurred in the first quarter of fiscal 2023, with the system reporting a progressive reduction of losses in subsequent months, which suggests that ongoing turnaround initiatives are gaining traction. For fiscal 2023, HSHS expects operating losses to be modestly lower than current interim levels, while a more meaningful improvement is expected in fiscal 2024, where operating margins are expected to trend towards breakeven. While we believe that HSHS' turnaround targets are achievable, we acknowledge that this will likely be a multiyear process executed in a context of ongoing industrywide labor and wage pressures.

The 'A+' rating further reflects our view of HSHS':

- Leverage and debt burden that are favorable to 'A+' rating medians, along with a very well-funded pension plan which is expected to be terminated in 2024;
- DCOH that remains within the 200 days' range, with robust unrestricted reserves to long-term debt; and
- Geographic diversity, with 15 hospitals in Illinois and Wisconsin, along with solid market share in their service areas.

Partially offsetting the above strengths, in our opinion, are:

Hospital Sisters Services Inc., Illinois Southwestern Illinois Development Authority; Joint Criteria; System

- Meaningful operating losses in fiscal 2022 through the Dec. 31, 2022, interim period, along with the accompanying decline in MADS coverage;
- Reliance on special funding sources, specifically, state provider tax assessments from Illinois and Wisconsin. While we recognize these funds have been relatively stable over time, we view them as potentially volatile in the event of budgetary issues at the state level; and
- A debt profile that, while remaining robust, includes a high percentage of contingent liabilities.

Environmental, social, and governance

We view HSHS' human capital challenges related to elevated wages and labor as key driver of the operating losses reported to date. Although we believe that some of the health and safety risks associated with the COVID-19 pandemic have waned, we note that labor challenges persist throughout the industry, negatively affecting the performance of many industry participants. We believe governance and environmental risks are neutral to our credit rating analysis. That said, while the system has seen turnover at the executive level in recent years, we view positively the new management team's extensive industry experience.

Outlook

The negative outlook reflects persisting operating losses along with a weakening of MADS coverage to below 1.0x, as HSHS grapples with industrywide headwinds, including labor, wage, and inflationary pressures, as well as throughput issues. Although we expect HSHS' operations to progressively trend toward breakeven over the outlook period, we acknowledge that returning to profitability will likely be a multiyear process.

Downside scenario

We could lower the rating if the system is unable to generate meaningful operational improvement over the outlook period, including operating margins that trend toward breakeven and MADS coverage that remains in line with the rating. We could also consider a lower rating if HSHS experiences a decline in DCOH and cash-to-debt metrics to levels no longer commensurate with the rating. A weakening of the enterprise profile or a substantial increase in current debt levels could also pressure the rating.

Upside scenario

We could consider revising the outlook to stable if the system is able to consistently generate operating margins and cash flow at a level consistent with a higher rating while maintaining balance-sheet strength. A stable outlook would also be predicated on improvement of MADS coverage, while maintaining solid enterprise profile characteristics, including market share.

Credit Opinion**Enterprise Profile: Strong**

Multistate presence supports enterprise profile

We view the system's enterprise profile as strong, characterized by good revenue diversity, a sizable and diversified medical staff, and a strong leadership team. HSHS operates 15 hospitals, nine in Illinois and six in Wisconsin. These hospitals are grouped in two divisions, and are located in the following cities:

- Illinois: Breese, Decatur, Effingham, Greenville, Highland, Litchfield, O'Fallon, Shelbyville, and Springfield.
- Wisconsin: Chippewa Falls, Eau Claire, Green Bay, Oconto Falls, and Sheboygan.

HSHS also has two large medical groups: a partnership with Prevea (in Wisconsin), with more than 675 providers across more than 60 specialty areas; and the HSHS Medical Group (in Illinois), with about 300 providers across 30 specialty areas in more than 30 cities. In addition, the system has a large, fully aligned cardiovascular group in Illinois, Prairie Cardiovascular Consultants, which has 114 providers and 45 clinical locations across the southern half of the state. Finally, HSHS has a joint venture hospital in Door County.

Solid market share despite heightened competition

In the past few years, HSHS has seen increased competition across its markets, notably in Wisconsin, following Marshfield Clinic's opening a 44-bed hospital in Eau Claire, and in Springfield at the time the system opened HSHS St. Elizabeth Hospital in O'Fallon, a fast-growing suburb in southern Illinois. HSHS responded by executing on several strategies, including increasing its physician base and expanding its health plan, Prevea360, from eastern Wisconsin into the western part of the state.

In Green Bay, the system, with a leading market share of 36.3%, is anchored by St. Vincent Green Bay (28.4% share) and St. Mary's Green Bay (7.8%), and ranks ahead of its competitors Bellin Health (29%) and Advocate Aurora (21%). In Eau Claire, HSHS' total overall market share of 30.1% is second to the Mayo Clinic's 47.8% share, with the system's flagship hospital Sacred Heart Eau Claire capturing a 25.8% share of that market, which represents a decrease from previous years in part due to the opening of Marshfield Medicare Center–Eau Claire in 2018. In Springfield, HSHS' 37.2% share is second to Memorial Health, with HSHS' flagship hospital, St. John's, capturing a 28.1% market share. Although HSHS continues to capture leading shares in most of its markets, nevertheless, we recognize that it operates in a highly competitive environment against well-established systems.

Management remains focused on increasing revenues and managing costs

In recent years, HSHS has invested in initiatives geared at increasing revenues and reducing expenses, including a systemwide rationalization of clinical and administrative services. This process has included the consolidation of service lines in each of its markets, the elimination or discontinuance of certain programs, and the closure of redundant sites of care. HSHS has also focused on streamlining administrative services, including centralization and standardization of finance and supply-chain processes, and considerably reduced the workforce beginning in February 2020, which has created significant labor efficiencies, although part of the workforce has returned in conjunction with volume increases from the 2020 lows.

Recent changes to the senior management team include the appointment of Damond Boatright as CEO of the system in 2021, Kim Hodgkinson as chief financial officer and Theresa Horne as chief nursing officer in 2022, and Kathy Donovan as chief operating officer in 2023. All new team members have extensive experience in the health care

sector.

Table 1

Hospital Sisters Health System and subsidiaries, Ill.--Enterprise Statistics				
	--Six months ended Dec. 31--	--Fiscal year ended June 30--		
	2022	2022	2021	2020
PSA population (no.)	N.A.	N.A.	N.A.	N.A.
PSA market share (%)	N.A.	N.A.	N.A.	N.A.
Inpatient admissions (no.)	33,568	65,103	64,448	68,170
Equivalent inpatient admissions (no.)	83,062	163,168	157,186	162,049
Emergency visits (no.)	147,119	280,212	251,606	276,421
Inpatient surgeries (no.)	5,864	11,720	12,804	13,845
Outpatient surgeries (no.)	20,233	42,626	41,306	37,818
Medicare case mix index	1.8300	1.8700	1.8882	1.7111
FTE employees	8,092	8,079	10,434	11,958
Active physicians	N.A.	N.A.	2,329	1,788
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	35.0	35.0	32.0	31.0
Medicaid (%)	13.0	13.0	10.0	13.0
Commercial/Blues (%)	51.0	51.0	49.0	44.0

PSA--Primary service area. FTE--Full-time equivalent. N.A.--Not available. Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions.

Financial Profile: Strong

Weaker financial performance expected to persist in fiscal 2023

HSHS' operating performance has deteriorated of late, with the system posting operating losses in five of the past six years, save for fiscal 2021, where the system generated operating profits owing to improvements in volumes, the recognition of about \$127 million in CARES Act relief money, the absence of significant one-time expenses, and revenue-generating and expense management initiatives. However, operating losses were reported in fiscal 2022, due in large part to industrywide labor and wage pressure, which were particularly acute for the system, along with throughput issues, and inflationary pressures.

These headwinds persisted over the Dec. 31, 2022, interim period, particularly in the first quarter of fiscal 2023, where a significant portion of the interim losses were incurred, although management is reporting progressive improvements in performance in the subsequent months. For 2023, management expects operating losses to persist at levels modestly lower than current interims, although the implementation of cost-cutting initiatives, including service rationalization, revenue cycle improvements, physician enterprise efficiencies, and improved payer rates, are expected to meaningfully reduce operating losses for fiscal 2024. We view positively HSHS' turnaround initiatives, as we view the system's ability to consistently generate operating profits as a key rating factor.

MADS coverage, which has recently been light and below rating medians, further weakened through the interim period, and dropped to below 1.0x as of Dec. 31, 2022. However, management has indicated that MADS coverage on

the obligated group, on which financial covenants are based, is currently 2.1x, and is expected to remain above 2.0x over the outlook period, thereby avoiding any covenant breaches.

Robust liquidity in line with 'A' rating

Liquidity and financial flexibility have historically been viewed as good, despite the reduction in DCOH in fiscal 2022, due to weaker market returns coupled with operating losses. While Dec. 31, 2022, metrics show an improvement in DCOH and unrestricted reserves-to-long-term debt, management does not expect improvements in liquidity metrics over the outlook period, owing to ongoing operating losses. That said, liquidity metrics generally remain well within our expectation for 'A' ratings.

HSBS is planning about \$100 million in capital spending in fiscal 2023, a decrease from 2022 as management modulates spending to support operating performance. Management expects to prioritize projects that are emergent, enhance patient safety, and support growth. Overall, capital expenditures are expected to drop to below 100% of depreciation and amortization.

Debt profile remains solid

We consider the debt profile as robust and appropriate for the rating, owing to the low debt burden and debt to capitalization, which compares favorably with rating medians. However, contingent liabilities-to-long-term debt is high for the rating, although we view contingent liability risk as manageable, given the system's robust liquidity. HSBS could consider issuing debt over the outlook period, including some new money debt. We will consider the potential effect of any new issuance on the credit profile when additional details are made available.

HSSI has several series of direct purchase debt, including its \$155 million series 2012H and 2012I bonds, which were restructured and privately placed with JPMorgan Chase & Co. in September 2020. These bonds, which have a four-year put feature maturing on Nov. 15, 2024, are included in HSSI's contingent liability debt. Bond covenants for these series include maintenance of at least 1.1x annual debt service coverage and at least 75 DCOH.

HSBS also has five interest rate swap agreements: four with Merrill and one with JPMorgan Chase. As of June 30, 2022, the total notional value on the swaps was \$443.5 million, with a total mark-to-market value of negative \$30.3 million. There is no collateral posted.

HSBS has a defined-benefit pension plan, which was about 102.4% funded (on a projected benefit obligation basis) as of June 30, 2022, which we view favorably. The plan will be frozen as of Dec. 31, 2023, with plan termination expected in 2024.

Table 2

Hospital Sisters Health System and subsidiaries, Ill.--Financial Statistics						
	--Six months ended Dec. 31--	--Fiscal year ended June 30--			Medians for 'A+' rated health care systems	Medians for 'A' rated health care systems
	2022	2022	2021	2020	2021	2021
Financial performance						
Net patient revenue (\$000s)	1,352,727	2,719,320	2,571,809	2,335,617	2,574,590	3,301,950
Total operating revenue (\$000s)	1,438,520	2,864,440	2,787,323	2,524,291	2,998,072	3,511,073

Hospital Sisters Services Inc., Illinois Southwestern Illinois Development Authority; Joint Criteria; System

Table 2

Hospital Sisters Health System and subsidiaries, Ill.--Financial Statistics (cont.)						
	--Six months ended Dec. 31--	--Fiscal year ended June 30--			Medians for 'A+' rated health care systems	Medians for 'A' rated health care systems
	2022	2022	2021	2020	2021	2021
Total operating expenses (\$000s)	1,525,313	2,930,897	2,679,286	2,704,400	2,883,645	3,371,951
Operating income (\$000s)	(86,793)	(66,457)	108,037	(180,109)	94,222	82,687
Operating margin (%)	(6.0)	(2.3)	3.9	(7.1)	3.8	1.9
Net nonoperating income (\$000s)	14,693	109,977	92,594	73,402	92,594	69,765
Excess income (\$000s)	(72,100)	43,520	200,631	(106,707)	207,165	139,808
Excess margin (%)	(5.0)	1.5	7.0	(4.1)	5.3	4.0
Operating EBIDA margin (%)	(0.3)	3.3	9.5	(0.7)	9.0	6.9
EBIDA margin (%)	0.7	6.8	12.4	2.1	11.2	9.0
Net available for debt service (\$000s)	10,062	203,093	356,774	55,346	409,123	378,589
Maximum annual debt service (\$000s)	51,294	51,294	51,294	51,294	62,797	81,381
Maximum annual debt service coverage (x)	0.4	4.0	7.0	1.1	5.5	4.4
Operating lease-adjusted coverage (x)	0.6	2.9	4.8	1.1	4.2	3.3
Liquidity and financial flexibility						
Unrestricted reserves (\$000s)	1,357,872	1,444,036	1,713,599	1,345,349	1,595,093	1,834,266
Unrestricted days' cash on hand	170.8	189.3	246.8	192.0	243.9	187.8
Unrestricted reserves/total long-term debt (%)	235.2	237.1	266.4	196.9	193.8	161.1
Unrestricted reserves/contingent liabilities (%)	374.1	397.8	567.4	445.5	943.3	605.3
Average age of plant (years)	14.1	13.9	13.5	12.7	12.0	12.1
Capital expenditures/depreciation and amortization (%)	74.9	90.5	85.4	112.3	106.2	110.7
Debt and liabilities						
Total long-term debt (\$000s)	577,292	609,109	643,300	683,263	817,382	1,353,718
Long-term debt/capitalization (%)	18.0	18.7	18.8	25.3	28.8	35.6
Contingent liabilities (\$000s)	363,016	363,016	302,020	302,020	222,398	293,033
Contingent liabilities/total long-term debt (%)	62.9	59.6	46.9	44.2	25.1	26.2
Debt burden (%)	1.8	1.7	1.8	2.0	1.9	2.0
Defined-benefit plan funded status (%)	N/A	102.4	100.0	83.9	92.1	84.8
Miscellaneous						
Medicare advance payments (\$000s)*	0	91,967	228,694	248,040	MNR	MNR
Short-term borrowings (\$000s)*	N/A	N/A	N/A	N/A	MNR	MNR
COVID-19 stimulus recognized (\$000s)	7,175	45,399	127,054	110,800	MNR	MNR
Risk based capital ratio (%)	N/A	N/A	N/A	N/A	MNR	MNR

Hospital Sisters Services Inc., Illinois Southwestern Illinois Development Authority; Joint Criteria; System

Table 2

Hospital Sisters Health System and subsidiaries, Ill.--Financial Statistics (cont.)

	--Six months ended Dec. 31--	--Fiscal year ended June 30--			Medians for 'A+' rated health care systems	Medians for 'A' rated health care systems
	2022	2022	2021	2020	2021	2021
Total net special funding (\$000s)	51,968	103,935	52,203	79,995	MNR	MNR

*Excluded from unrestricted reserves, long-term debt, and contingent liabilities. N.A.--Not available. N/A--Not applicable. MNR--Median not reported.

Credit Snapshot

- Organization description: HSHS, the parent of HSSI, is a 15-hospital system operating in Illinois and Wisconsin. HSSI operates nine facilities in Illinois and six in Wisconsin. HSHS also operates an integrated physician network with the HSHS Medical Group, Prairie Cardiovascular Consultants, and Prevea, and also collaborates with other large multispecialty groups in Wisconsin and Illinois.
- Group rating methodology: Core

Related Research

Through The ESG Lens 3.0: The Intersection Of ESG Credit Factors And U.S. Public Finance Credit Factors, March 2, 2022

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MARCH 29, 2023 10



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Credit Profile

Hospital Sisters Services, Inc.

<i>Long Term Rating</i>	A+/Negative	Affirmed
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Illinois Finance Authority, Illinois

Hospital Sisters Services Inc., Illinois

Illinois Fin Auth (Hospital Sisters Services, Inc.) rev rfdg bnds

<i>Long Term Rating</i>	AA+/A-1	Affirmed
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<i>Unenhanced Rating</i>	A+(SPUR)/Negative	Affirmed
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Southwestern Illinois Development Authority, Illinois

Hospital Sisters Services Inc., Illinois

Southwestern Illinois Dev Auth (Hospital Sisters Services, Inc.) hlth facs rev bnds (Hospital Sisters Services, Inc.) ser 2017B due 03/15/2044

<i>Long Term Rating</i>	A+/A-1/Negative	Affirmed
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Southwestern Illinois Dev Auth (Hospital Sisters Services, Inc.) rev bnds

<i>Long Term Rating</i>	A+/Negative	Affirmed
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Credit Highlights

- S&P Global Ratings affirmed its 'A+' long-term rating and underlying rating (SPUR) on bonds issued by various entities for Hospital Sisters Services Inc. (HSSI), Ill. All financial information is based on the parent, Hospital Sisters Health System (HSBS).
- At the same time, S&P Global Ratings affirmed its 'A+/A-1' dual rating on the series 2017B bonds issued by the Illinois Finance Authority (IFA), and affirmed its 'AA+/A-1' dual rating on the authority's series 2012G bonds. All bonds were issued for HSSI.
- The 'AA+/A-1' dual rating on the series 2012G revenue refunding bonds is based on our joint criteria. The long-term component of the rating is based jointly (assuming low correlation) on the ratings on the obligor, HSSI, and the letter of credit provider, BMO Harris Bank N.A. The short-term component of the rating is based solely on the rating on BMO Harris Bank.
- The 'A-1' short-term component of the dual ratings of series 2017B reflects HSBS' utilization of the system's own liquidity. As of July 31, 2024, S&P Global Ratings has identified approximately \$550.67 million of available funds (as discounted by S&P Global Ratings) that support HSSI's \$64.9 million of self-liquidity debt.
- The outlook, where applicable, is negative.

Security

The bonds are full and unlimited obligations of each member of the obligated group.

Illinois Finance Authority Hospital Sisters Services Inc.; Joint Criteria; System

Credit overview

The 'A+' rating reflects our view of HSHS' strong enterprise profile, characterized by healthy revenue diversity, with 13 hospitals and a robust ambulatory presence across two states, as well as two sizable multispecialty physician groups, and solid market share in the system's Illinois and Wisconsin service areas. Our view of the enterprise remains consistent with recent years as we view the recent closure of two hospitals in western Wisconsin as not material given their smaller size and scale and limited contribution to overall system diversification. The rating also reflects HSHS' light debt levels, as evidenced by cash to long-term debt, leverage and debt burden ratios that are below rating medians, as well as good days' cash on hand (DCOH) despite some recent weakening.

While we expect fiscal 2024 to be a very challenged year operationally, with sizable operating losses (likely higher than interim levels), we note that a significant percentage of those expenses (including through the remainder of 2024) pertain to one-time challenges related to both a cybersecurity event in August 2023 and the closure of the two hospitals in western Wisconsin and thus we expect that those meaningful losses should not continue into fiscal 2025. Specifically, the cybersecurity event (not including any potential insurance recoveries) had a material negative impact on the financial performance and the cost of the closure of HSHS' western Wisconsin operations could reach about \$190 million. That said, we noted significant operating improvement in the third and fourth quarter of fiscal 2023 that, along with a host of initiatives that were delayed due to the cybersecurity event, provides some support that HSHS could return to a better performance trend in 2025. We note that despite weakening of maximum annual debt service (MADS) coverage, management doesn't expect any covenant violations in fiscal 2024 given that calculations are run off the obligated group.

The rating also incorporates a positive holistic adjustment that reflects the one-time nature of the large year-to-date losses, coupled with our expectation of that the system has a plan in place to see a progressive performance improvement over the outlook period. In addition, the adjustment reflects HSHS' solid balance sheet that largely remains in line with an 'A+' rating. That said, the current rating has limited cushion, and an inability beyond fiscal 2024 to substantially bolster operating performance (even if affected by subsequent one-time events) or strengthen MADS coverage could lead to a downgrade, as would a deterioration in the balance-sheet profile.

The 'A+' rating further reflects our view of HSHS':

- Debt related metrics that are very healthy and favorable to rating medians, along with the recent termination of the system's defined-benefit pension plan;
- DCOH that remains good despite the recent weakening; and
- Geographic diversity, with 13 hospitals in Illinois and Wisconsin, along with solid market share in their service areas.

Partially offsetting the above strengths, in our opinion, are:

- Significant operating losses in fiscal 2023 and year to date through the March 2024 interim period, although the latter were due largely to one-time costs related to the cybersecurity event and the closure of two hospitals in Wisconsin, accompanied by a decline in MADS coverage;
- Reliance on special funding sources, specifically, state provider tax assessments from Illinois and Wisconsin. While

Illinois Finance Authority Hospital Sisters Services Inc.; Joint Criteria; System

we recognize these funds have remained available in recent years, we view them as potentially volatile in the event of budgetary issues at the state level; and

- A debt profile that, while remaining robust, includes a high percentage of contingent liabilities.

Environmental, social, and governance

We view social risk as neutral to the credit rating analysis. That said, HSHS is experiencing industrywide human capital social risks tied to higher labor and salary pressures that began in late 2021 and are likely to continue through 2024, although we note progressive abatement in these pressures. We believe governance and environmental risks are neutral to our credit rating analysis. In addition, while the system has seen turnover at the executive level in recent years, we view positively the new management team's extensive industry experience. HSHS also experienced a cybersecurity event in August 2023 that negatively affected the system's operating performance and temporarily affected patient services. We note that the system's downtime without full access to systems was about two weeks, although downtime plans worked as expected, but similar to others required the typical slowdown in volumes and scheduling. We note that HSHS has in place cyber insurance, which we view positively, and that it is currently undergoing the claim adjudication. We will continue to monitor the impact of any lingering challenges related to the revenue cycle and billing that can sometimes take a bit longer as it requires discussions with managed care companies.

Outlook

The negative outlook reflects persisting operating losses along with a weakening of MADS coverage, although we expect HSHS' operations to progressively trend toward breakeven over the outlook period.

Downside scenario

We could lower the rating if the system is unable to generate meaningful operational improvements over the outlook period, including operating margins that trend toward breakeven and MADS coverage that remains in line with the rating. We could also consider a lower rating if HSHS experiences a decline in DCOH or cash to debt metrics to levels no longer commensurate with the rating. A weakening of the enterprise profile or a substantial increase in current debt levels could also pressure the rating.

Upside scenario

We could consider revising the outlook to stable if the system is able to consistently generate operating margins at breakeven or better, while strengthening MADS coverage to levels in line with the rating and maintaining balance-sheet metrics. A stable outlook would also be predicated on maintaining solid enterprise profile characteristics such as market share.

Credit Opinion

Enterprise Profile: Strong

Multistate presence supports enterprise profile

We view the system's enterprise profile as strong, characterized by good revenue diversity, a sizable and diversified medical staff, and a strong although relatively new leadership team. HSHS operates 13 hospitals: nine in Illinois and four in Wisconsin. These hospitals are grouped in two divisions, and are located in the following cities:

- Illinois: Breese, Decatur, Effingham, Greenville, Highland, Litchfield, O'Fallon, Shelbyville, and Springfield.
- Wisconsin: Green Bay, Oconto Falls, and Sheboygan.

HSHS also has two large medical groups: a partnership with Prevea Health (in Wisconsin), with more than 675 providers across more than 60 specialty areas; and the HSHS Medical Group (in Illinois), with about 300 providers across 30 specialty areas in more than 30 cities. In addition, the system has a large, fully aligned cardiovascular group in Illinois, Prairie Cardiovascular Consultants, which has more than 100 providers and more than 40 clinical locations across the southern half of the state. Finally, HSHS has a joint venture hospital in Door County.

In March 2024, HSHS announced the closure of HSHS Sacred Heart Hospital in Eau Claire and HSHS St. Joseph's Hospital in Chippewa Falls. Prevea Health subsequently closed locations in these areas as well. Through the closure of these hospitals, HSHS has permanently exited the western Wisconsin region, with its operations now solely focused on eastern Wisconsin and Illinois.

Solid market share despite heightened competition

In eastern Wisconsin, the system, with a leading market share of 34.9%, is anchored by St. Vincent Green Bay and St. Mary's Green Bay, and ranks ahead of its competitors Bellin Health and Advocate Aurora. In Springfield, HSHS' 31.4% share is ahead of Memorial Health. Although HSHS continues to capture leading shares in most of its markets, we nevertheless recognize that it operates in a highly competitive environment against well-established systems.

New management team remains focused on improving financial performance

In recent years, HSHS has invested in initiatives geared at increasing revenues and reducing expenses, including a systemwide rationalization of clinical and administrative services. This process has also included the consolidation of service lines in each of its markets, the elimination or discontinuance of certain programs, and the closure of redundant sites of care. HSHS has also focused on streamlining administrative services, including centralization and standardization of finance and supply-chain processes, and optimizing its workforce in light of ongoing labor and wage pressures.

HSHS' senior management team has seen turnover in recent years, starting with the appointment of a new CEO of the system in 2021, a chief clinical officer in 2023, and a CFO in 2024. The new management team has articulated a vision that includes the strengthening of HSHS' financial health to enable the system to face current industry headwinds and pursue opportunities designed to provide better care to the population it serves. In the process, HSHS has undertaken efforts to improve its organizational effectiveness through revenue-generating and expense management initiatives. In fiscal 2025, key initiatives will center on optimizing the average length of stay, improving the revenue cycle, managing labor and wage pressures, and enhancing the system's supply chain operations.

Table 1

Hospital Sisters Health System and subsidiaries, Illinois--Enterprise statistics

	--Nine months ended March 31--	--Fiscal year ended June 30--		
	2024	2023	2022	2021
PSA population (no.)	N.A.	N.A.	N.A.	N.A.
PSA market share (%)	N.A.	N.A.	N.A.	N.A.
Inpatient admissions (no.)	47,923	67,756	65,103	64,448
Equivalent inpatient admissions (no.)	122,119	169,526	163,168	157,186
Emergency visits (no.)	205,546	284,366	280,212	251,606
Inpatient surgeries (no.)	8,393	12,140	11,720	12,804
Outpatient surgeries (no.)	28,976	41,008	42,626	41,306
Medicare case mix index	1.8600	1.7632	1.8700	1.8882
FTE employees (no.)	7,264	7,893	8,079	10,434
Active physicians (no.)	4,631	4,401	4,202	2,329
Based on net/gross revenues	Net	Net	Net	Net
Medicare (%)	34.0	35.0	35.0	32.0
Medicaid (%)	13.0	13.0	13.0	10.0
Commercial/Blues (%)	52.0	51.0	51.0	49.0

Inpatient admissions exclude normal newborn, psychiatric, rehabilitation, and long-term care facility admissions. PSA--Primary service area.
FTE--Full-time equivalent. N.A.--Not available.

Financial Profile: Strong**Weaker financial performance expected to persist in fiscal 2024**

Operating losses increased in fiscal 2023, spurred by the continuation of industrywide labor and wage headwinds, which were particularly acute for the system, along with throughput issues, and inflationary pressures that had also affected prior-year results. Through the March 2024 interim period, losses accelerated, as in addition to the aforementioned headwinds, HSHS suffered a cybersecurity event in late August 2023 that negatively affected volumes and revenue cycle activities, and materially impacted operating performance. In addition, the closure of the system's western Wisconsin hospitals in March 2024 is expected to result in about \$190 million in restructuring costs for fiscal 2024.

For fiscal 2025, management expects operating losses will persist at levels meaningfully lower than current interims, as the system expects to benefit from the execution of cost-cutting initiatives, including service rationalization, revenue cycle improvements, physician enterprise efficiencies, and improved payer rates, while not incurring meaningful expenses related to the cyber event or the closure of western Wisconsin hospitals. We view positively HSHS' turnaround initiatives because we consider the system's ability to consistently generate operating profits as a key rating factor, although we note that HSHS is not expecting to achieve breakeven operating margins before fiscal 2025.

MADS coverage, which has recently been light and below rating medians, further weakened through the interim period, and dropped to below 1.0x as of March 2024. However, management has indicated that MADS coverage on the obligated group, on which financial covenants are based, is expected to remain above 3.0x over the outlook period,

Illinois Finance Authority Hospital Sisters Services Inc.; Joint Criteria; System

thereby avoiding any covenant breaches.

Liquidity remains solid despite recent weakening

Liquidity and financial flexibility have historically been viewed as good, despite the further reduction in DCOH in fiscal 2023, due largely to operating losses, which continued through the March 2024 interim period, as well as the revenue cycle delays associated with the cybersecurity event. Management expects gradual improvements to liquidity metrics over the outlook period, owing to the expectation of better operating performance. That said, liquidity metrics, including unrestricted reserves to long-term debt, generally remain within our expectation for 'A+' ratings.

HSHS is planning about \$100 million in capital spending in fiscal 2024, which is lower than initial budget expectations, as management modulates spending to support operating performance. Management expects to prioritize projects that are emergent, enhance patient safety, and support growth. Overall, capital expenditures are expected to drop to below 100% of depreciation and amortization in fiscal 2025, with the majority of capital expenditures focused on routine capital spending.

Debt profile remains supportive of the rating although contingent debt remains high

We consider the debt profile as robust and a credit strength for HSHS, with debt burden and debt to capitalization that compare favorably with rating medians and with similarly rated peers. However, contingent liabilities-to-long-term debt is high for the rating, although we view contingent liability risk as manageable, given the system's ample liquidity. HSHS currently does not have plans to issue new money debt over the outlook period, which we expect will further support the system's debt profile.

HSSI has several series of direct purchase debt, including its \$148.4 million series 2012H and 2012I bonds, which were restructured and privately placed with JPMorgan Chase & Co. in September 2020. These bonds, are included in HSSI's contingent liability debt. Bond covenants for these series include maintenance of at least 1.1x annual debt service coverage and at least 75 DCOH.

HSHS also has five interest rate swap agreements: four with Merrill and one with JPMorgan Chase. As of June 30, 2023, the total notional value on the swaps was \$443.5 million, with a total mark-to-market value of negative \$21.4 million. There is no collateral posted.

HSHS terminated its defined-benefit pension plan in fiscal 2024, which we view favorably.

Table 2

Hospital Sisters Health System and subsidiaries, Illinois--Financial statistics						
	--Nine months ended March 31--	--Fiscal year ended June 30--			Medians for 'A+' rated health care systems	Medians for 'A+' rated health care systems
	2024	2023	2022	2021	2023	2023
Financial performance						
Net patient revenue (\$000s)	2,062,617	2,795,088	2,719,320	2,571,809	3,040,851	3,101,674
Total operating revenue (\$000s)	2,138,829	2,926,778	2,854,218	2,784,984	3,374,102	3,424,212
Total operating expenses (\$000s)	2,375,071	3,029,258	2,930,897	2,679,286	3,498,543	3,504,106
Operating income (\$000s)	(236,242)	(102,480)	(76,679)	105,698	1,476	(21,148)
Operating margin (%)	(11.0)	(3.5)	(2.7)	3.8	0.1	(1.0)

Illinois Finance Authority Hospital Sisters Services Inc.; Joint Criteria; System

Table 2

Hospital Sisters Health System and subsidiaries, Illinois--Financial statistics (cont.)						
	--Nine months ended March 31--	--Fiscal year ended June 30--			Medians for 'A+' rated health care systems	Medians for 'A' rated health care systems
	2024	2023	2022	2021	2023	2023
Net nonoperating income (\$000s)	59,838	55,081	120,199	94,933	53,035	50,658
Excess income (\$000s)	(176,404)	(47,399)	43,520	200,631	35,964	14,015
Excess margin (%)	(8.0)	(1.6)	1.5	7.0	1.5	0.5
Operating EBIDA margin (%)	(2.1)	2.5	2.9	9.4	5.7	4.0
EBIDA margin (%)	0.7	4.3	6.8	12.4	7.2	5.8
Net available for debt service (\$000s)	15,577	127,834	203,093	356,774	196,701	205,558
Maximum annual debt service (\$000s)	49,448	49,448	49,448	49,448	72,291	74,446
Maximum annual debt service coverage (x)	0.4	2.6	4.1	7.2	3.2	2.3
Operating lease-adjusted coverage (x)	0.6	2.0	3.0	4.9	2.5	2.0
Liquidity and financial flexibility						
Unrestricted reserves (\$000s)	1,303,433	1,402,637	1,444,036	1,713,599	1,465,289	1,503,006
Unrestricted days' cash on hand	162.6	178.4	189.3	246.8	193.7	136.6
Unrestricted reserves/total long-term debt (%)	243.1	247.1	237.1	266.4	178.2	131.4
Unrestricted reserves/contingent liabilities (%)	370.6	398.8	397.8	567.4	613.1	523.3
Average age of plant (years)	9.1	13.7	13.9	13.5	12.3	12.2
Capital expenditures/depreciation and amortization (%)	34.8	67.7	90.5	85.4	141.0	119.1
Debt and liabilities						
Total long-term debt (\$000s)	536,180	567,574	609,109	643,300	947,724	1,145,483
Long-term debt/capitalization (%)	16.7	16.6	18.7	18.8	29.2	37.7
Contingent liabilities (\$000s)	351,731	351,731	363,016	302,020	245,563	292,325
Contingent liabilities/total long-term debt (%)	65.6	62.0	59.6	46.9	24.9	25.3
Debt burden (%)	1.7	1.7	1.7	1.7	2.1	2.0
Defined-benefit plan funded status (%)	N.A.	119.7	102.4	100.0	95.0	90.8
Miscellaneous						
Medicare advance payments (\$000s)*	0	0	91,967	228,694	MNR	MNR
Short-term borrowings (\$000s)*	N/A	N/A	N/A	N/A	MNR	MNR
COVID-19 stimulus recognized (\$000s)	1,699	5,212	45,399	127,054	MNR	MNR
Risk-based capital ratio (%)	N.A.	N.A.	N.A.	N.A.	MNR	MNR
Total net special funding (\$000s)	46,695	57,983	103,935	52,203	MNR	MNR

*Excluded from unrestricted reserves, long-term debt, and contingent liabilities. N.A.--Not available. MNR--Median not reported

Illinois Finance Authority Hospital Sisters Services Inc.; Joint Criteria; System

Credit Snapshot

- Organization description: HSHS, the parent of HSSI, is a 13-hospital system operating in Illinois and Wisconsin. HSSI operates nine facilities in Illinois and four in Wisconsin. HSHS also operates an integrated physician network with the HSHS Medical Group, Prairie Cardiovascular Consultants, and Prevea Health, and also collaborates with other large multispecialty groups in Wisconsin and Illinois.
- Group rating methodology: Core

Related Research

Through The ESG Lens 3.0: The Intersection Of ESG Credit Factors And U.S. Public Finance Credit Factors, March 2, 2022

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ATTACHMENT 35

Financial Waiver

Documentation of the A+ bond rating of the Hospital Sisters Health System by Fitch and S&P Global are included with Attachment 33.

ATTACHMENT 37**Economic Feasibility**

A. Reasonableness of Financing Arrangements: Not Applicable. This project is not proposed to be financed with bond proceeds.

B. Conditions of Debt Financing: Not Applicable. This project is not proposed to be financed with bond proceeds.

C. Reasonableness of Project and Related Costs

The Cost and Gross Square Feet by Department is shown in the table below.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost / Sq Ft		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$	Mod. \$	
	New	Mod	New	Circ*	Mod	Circ*	(A x C)	(B x E)	
ASTC	\$350.48		11,766				\$4,123,800		\$4,123,800
Imaging	\$96.42		11,766				\$1,134,420		\$1,134,420
Contingency	\$43.77		11,766				\$515,031		\$515,031
TOTALS	\$490.67		11,766				\$5,773,251		\$5,773,251

D. Projected Operating Costs

The total operating costs per unit of service equates to \$1,615/procedure in the ASTC and \$64/procedure in the Diagnostic Center.

E. Total Effect of the Project on Capital Costs

The total projected annual capital costs, defined as the proposed ASTC capital costs divided by total procedures, for the first full fiscal year at target utilization is:

$$\$25,187,219 \text{ ASTC Total Capital Cost} / 8,424 \text{ Procedures} = \$2,990/\text{procedure}.$$

ATTACHMENT 38

Safety Net Impact Statement

- 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.**

This project will not have any material impact on the essential safety net services in the community including not impacting racial and health care disparities. Regardless of insurance type (commercial, Medicaid, Medicare, etc) patients will have access to our hospital as they always have as well as our new ASTC.

- 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.**

The project will not impact any other area provider or health care system to cross-subsidize safety net services because the surgical volume for the ASTC is based upon St. Elizabeth's Hospital's historical patient volume.

- 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.**

Not applicable. This project does not involve the discontinuation of a facility or service.

ATTACHMENT 39

Charity Care Information

The amount of charity care provided by the applicant facility and by Hospital Sisters Health System's other affiliated Illinois hospitals are included in the tables below.*

HSHS ST. ELIZABETH'S HOSPITAL, O'Fallon			
	2020	2021	2022
Net Patient Revenue (\$)	236,229,960	275,017,802	298,570,564
Amount of Charity Care (charges)	2.0% of net patient revenue	0.8% of net patient revenue	0.4% of net patient revenue
Cost of Charity Care (\$)	4,677,255	2,109,541	1,240,131

HSHS ST. MARY'S HOSPITAL, Decatur			
	2020	2021	2022
Net Patient Revenue (\$)	139,592,400	154,832,337	163,427,620
Amount of Charity Care (charges)	2.6% of net patient revenue	1.2% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care (\$)	3,626,588	1,856,544	170,995

HSHS ST. JOHN'S HOSPITAL, Springfield			
	2020	2021	2022
Net Patient Revenue (\$)	523,450,611	573,865,078	587,440,196
Amount of Charity Care (charges)	1.4% of net patient revenue	0.8% of net patient revenue	0.6% of net patient revenue
Cost of Charity Care (\$)	7,089,001	4,566,459	3,700,689

HSHS ST. ANTHONY'S MEMORIAL HOSPITAL, Effingham			
	2020	2021	2022
Net Patient Revenue (\$)	133,797,725	147,745,116	154,760,301
Amount of Charity Care (charges)	1.6% of net patient revenue	1.1% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care (\$)	2,124,114	1,578,632	455,919

HSHS ST. JOSEPH'S HOSPITAL, Breese			
	2020	2021	2022
Net Patient Revenue (\$)	51,076,177	60,838,212	72,247,331
Amount of Charity Care (charges)	1.6% of net patient revenue	0.8% of net patient revenue	0.5% of net patient revenue
Cost of Charity Care (\$)	807,372	486,470	340,456

HSHS HOLY FAMILY HOSPITAL, Greenville			
	2020	2021	2022
Net Patient Revenue (\$)	18,477,072	19,624,839	20,862,477
Amount of Charity Care (charges)	3.0% of net patient revenue	0.9% of net patient revenue	1.2% of net patient revenue
Cost of Charity Care (\$)	548,198	177,987	254,359

HSHS ST. FRANCIS HOSPITAL, Litchfield			
	2020	2021	2022
Net Patient Revenue (\$)	49,837,518	53,135,013	56,701,033
Amount of Charity Care (charges)	2.0% of net patient revenue	1.1% of net patient revenue	0.7% of net patient revenue
Cost of Charity Care (\$)	1,008,722	584,375	410,875

HSHS ST. JOSEPH'S HOSPITAL, Highland			
	2020	2021	2022
Net Patient Revenue (\$)	41,475,768	46,902,188	49,917,318
Amount of Charity Care (charges)	1.5% of net patient revenue	1.2% of net patient revenue	1.0% of net patient revenue
Cost of Charity Care (\$)	621,484	547,545	505,987

HSHS GOOD SHEPHERD HOSPITAL, Shelbyville			
	2020	2021	2022
Net Patient Revenue (\$)	12,264,800	15,490,049	20,862,477
Amount of Charity Care (charges)	1.2% of net patient revenue	0.5% of net patient revenue	0.4% of net patient revenue
Cost of Charity Care (\$)	151,281	82,487	75,281

*Source: 2020, 2021, and 2022 Hospital Profiles

APPENDIX A
Physician Referral Letters

September 3rd, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. Kevin Lewis, Chief Physician Executive of Hospital Sisters Health System and President of HSHS Physician Enterprise. Over the past twelve months, the following providers have performed a total of 7,916 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Orthopedics	Lerner, Andres
	Mccarthy, Kevin J
	Weimer, Donald A
	Morton, Steven
Gastroenterology	Kim, Peter S
Pain	Naseer, Kristina

Neurosurgery	Alali, Abdulaziz S
Pulmonology	Berg, Zachary M
	Reichardt, Brian A
	Sutton, Christopher
Vascular	Cox, Daniel E

Based on their historical referrals to St. Elizabeth's, I anticipate the Physician Enterprise referring 5,681 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Kevin L. Lewis
Dr. Kevin Lewis

Subscribed and sworn to me on this 3 day of September, 2024.

Christina Kendall
Notary Public

Seal:





Dr. Andres Lerner

9/9/2024
Date



Dr. Kevin McCarthy

9/9/24
Date



Dr. Donald Weimer

9/10/24
Date

Dr. Steven Morton

Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

Dr. Andres Lerner

Date

Dr. Kevin McCarthy

Date

Dr. Donald Weimer

Date

Dr. Steven Morton

Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

9/9/24

9/9/24

9/9/24

9/9/24

9/9/2024


9/9/24

Dr. Kevin McCarthy

Date

Dr. Donald Weimer

Date



Dr. Steven Morton

9-9-24

Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

Dr. Andres Lerner

Date

Dr. Kevin McCarthy

Date

Dr. Donald Weimer

Date

Dr. Steven Morton

Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

9/9/24

Service Line	Zip Code	Physician	
		KIM, PETER S	Total
Gastroenterology	62269	412	412
	62221	275	275
	62226	199	199
	62208	138	138
	62234	130	130
	62220	128	128
	62223	116	116
	62258	107	107
	62254	66	66
	62294	55	55
	62243	53	53
	62232	50	50
	62040	44	44
	62285	39	39
	62265	33	33
	62260	30	30
	62206	27	27
	62062	27	27
	62203	25	25
	62205	23	23
	62207	19	19
	62293	18	18
	62034	14	14
	62204	10	10
	62201	9	9
	62225	9	9
	62216	7	7
	62060	6	6
	62061	4	4
	62281	4	4
	63104	3	3
	62289	3	3
	62240	3	3
	63101	2	2
	62059	1	1
	63103	1	1
	62222	1	1
	62090	1	1
	62266	1	1
	Grand Total	2093	2093

*GI Service Line Total: LSA 376 + HSHS 2,093 = 2,469

Service Line	Zip Code	
--------------	----------	--

		ALALI, ABDULAZIZ S
Neurosurgery	62269	18
	62221	10
	62249	8
	62226	8
	62234	6
	62208	9
	62293	7
	62223	7
	62220	4
	62260	4
	62025	2
	62258	4
	62216	4
	62265	5
	62243	2
	62040	2
	62264	2
	62215	3
	62294	3
	62285	2
	62062	2
	62254	2
	62232	2
	62281	1
	62266	1
	62206	1
	62205	0
	62060	1
	63101	1
	62061	1
	62203	1
	Total	123

Service Line	Zip Code	Physician				Total
		LERNER, ANDRES	WEIMER, DONALD A	MCCARTH Y, KEVIN J	MORTON, STEVEN	
	62269	67	35	36	1	139
	62221	41	18	22		81
	62226	45	19	12	1	77
	62220	20	12	11		43
	62249	20	10	5	2	37
	62208	18	8	12		38
	62234	17	7	10	1	35
	62258	19	11	5		35
	62223	14	8	8		30
	62265	15	8	3		26
	62040	14	3	3		20

Orthopedics	62293	11	6	5		22
	62294	9	8	4		21
	62254	7	4	8		19
	62232	10	6	5		21
	62243	10	3	4		17
	62225	10	1	2		13
	62260	4	4	7		15
	62215	5	4	2		11
	62264	3	6			9
	62285	4	1	3		8
	62216	4	1	2		7
	62245	3	5			8
	62025	4	1	4		9
	62206	1	3	3		7
	62281	5		2		7
	62062	5	1	1		7
	62203	2	4			6
	62204	4	2	1		7
	62201	3		1		4
	62034	3	1	1		5
	62205	1	2			3
	63103	2				2
	62207	1		1		2
	62289				1	1
	62240		1			1
	Total	401	203	183	6	793

Service Line	Zip Code	Physician
		NASEER, KRISTINA
	62269	469
	62221	284
	62226	188
	62208	153
	62234	135
	62220	130
	62258	121
	62293	112
	62223	108
	62265	90
	62254	81
	62294	75
	62243	68
	62040	59
	62232	57
	62285	54
	62216	44
	62260	40
Pain	62206	37
	62205	26
	62034	26
	62062	25

62225	24
62281	22
62203	16
62061	15
62204	15
62201	13
62207	9
62266	7
62240	5
62289	5
63103	2
62060	2
63104	1
62090	1
Total	2519

Service Line	Zip Code	Physician			
		BERG, ZACHARY M	SUTTON, CHRISTOPHER	REICHARD T, BRIAN A	Total
Pulmonology	62221	4	2		6
	62234	2	2	1	5
	62232	1	1	2	4
	62208			3	3
	62260	2		1	3
	62205	1		1	2
	62254	1	1		2
	62206		1	1	2
	62269			2	2
	62226		2		2
	62223	2			2
	62203	1			1
	62220		1		1
	62265		1		1
	62243			1	1
	62289		1		1
	62061		1		1
	62216		1		1
	Total	14	14	12	40

Service Line	Zip Code	Physician	
		COX, DANIEL E	Total
	62269	18	18
	62226	10	10
	62221	10	10
	62208	9	9
	62249	8	8
	62205	7	7
	62223	6	6
	62234	4	4
	62203	4	4

Cardiovascular	62258	4	4
	62293	4	4
	62220	4	4
	62265	3	3
	62216	3	3
	62206	2	2
	62294	2	2
	62232	2	2
	62062	2	2
	62225	2	2
	62243	1	1
	62204	1	1
	62254	1	1
	62207	1	1
	62285	1	1
	62260	1	1
	62025	1	1
	62264	1	1
	62040	1	1
	Total	113	113

September 9, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. James Clanahan, President of Lincoln Surgical Associates (LSA). Over the past twelve months, the following providers have performed a total of 1,354 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

General Surgery	Barnett, Kevin	Gastroenterology	Hart, Deirdre
	Loethen, Paul E		Smith, Matthew R
	Hale IV, Lyman L		Aach, Douglas B
	Smith, Matthew R	Colo-Rectal	Barnett, Kevin
	Aach, Douglas B		Bergom, Michael A
	Crouch, Donald Scott		Hart, Deirdre
	Bergom, Michael A		Loethen, Paul E
	Hart, Deirdre		
	Luong, Thomas Vinh		
		Plastic	Aach, Douglas B
			Barnett, Kevin
			Bergom, Michael A
			Loethen, Paul E

Based on their historical referrals to St. Elizabeth's, I anticipate the LSA physicians referring 1,043 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. James Clanahan

Subscribed and sworn to me on this 9th day of Sept, 2024.

Teri Ann Mustain Notary Public
Seal:





Dr. Kevin Barnett

9/6/24

Date



Dr. Paul Loethen

9/6/24

Date



Dr. Lyman Hale

9/6/24

Date



Dr. Matthew Smith

9/6/24


Date



Dr. Douglas Aach

9/6/2024

Date



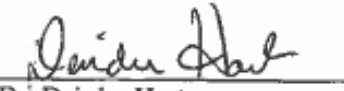
Dr. Donald Crouch

9/6/2024

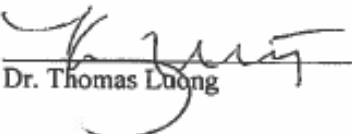
Date


Dr. Michael Bergom

9/6/24
Date


Dr. Deirdre Hart

9/6/24
Date


Dr. Thomas Luong

9/7/24
Date


Dr. Scott Schwiesow

9/6/24
Date

Service Line	Zip Code	Physician		
		HART, DEIRDRE	SMITH, MATTHEW R	Total
Gastroenterology	62269	56	16	72
	62221	33	13	46
	62226	23	11	34
	62208	18	2	20
	62220	11	3	14
	62234	25	6	31
	62223	13	3	16
	62258	15	6	21
	62254	11	1	12
	62294	7	4	11
	62243	4	1	5
	62232	7	5	12
	62040	3	4	7
	62285	8		8
	62260	7	1	8
	62265	3	3	6
	62206	4	1	5
	62062	4	1	5
	62208	2		2
	62205	4		4
	62293	8	1	9
	62207	1		1
	62034	4		4
	62216	4	2	6
	62225	1	1	2
	62201	3	1	4
	62204			0
	62281	6		6
	62060	2		2
	62061	2		2
	62240			0
	63104			0
	62289			0
	63101			0
	62222	1		1
	62090			0
	63103			0
	62059			0
	62266			0
	Total	290	86	376

*Service Line Total: LSA 376 + HSHS 2,540 = 2,916

Service Line	Zip Code	Physician									Total
		LOETHEN, PAULE	BARNETT, KEVIN	CROUCH, DONALD SCOTT	AACH, DOUGLAS B	BERGOM, MICHAEL A	SMITH, MATTHEW R	HART, DEIRDRE	HALE IV, LYMAN L	LUONG, THOMAS VINH	
General Surgery/Plastic Surgery/Colon & Rectal	62269	31	26	21	11	6	8	11	8		122
	62221	14	11	13	8	6	10	4	6	1	73
	62226	9	9	6	9	4	4	5	2		48
	62208	7	10	8	1	7	1	4	5	1	44
	62258	9	8	8	7	3	9	4	4		46
	62220	9	7	4	5	5	3	3	2		38
	62234	6	6	9	1	3	4	3	2		34
	62223	8	3	2	2	4	2	4	1		26
	62243	4	3	1	4	1	1	1	2		17
	62260	4	2	4	2		5	1			18
	62294	4	2	2	1	4	2	3	2		18
	62254	1	7	2	3	1	1	1	1		17
	62293	4	1	3		6			1		15
	62285	1	4	2	2	1	2				12
	62040	1		2	1	5	2		1		12
	62249	1	1	4	1	2		3	2		14
	62232	4	3	2	2	1		1			13
	62206	1	2	2	3	1	2	1		1	13
	62265	1		2			1	2	1		7
	62205	1	3			2		1	2		9
	62025	3	2	1	2	1					9
	62264	1	2	1	1		2			1	8
	62204	1	1		5	1					8
	62203	2	1	1		1	1				6

62207	1	2			2			1		6
62225		1	3	1				1		6
62216		1	2				2			5
62034	1	1	1		1					4
62201			3			1				4
62289			1					1		2
62281				2						2
62060						2				2
62245							1			1
62061			1		1					2
62215		1	1							2
62202							1			1
62266	1									1
62062							1			1
Total	130	120	112	74	69	57	55	45	4	666

September 9, 2024

Mr. John Knierly, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Knierly:

I am Dr. Eric Whittenburg, Owner of Associated Foot Surgeons of Southwest Illinois. Over the past twelve months, the following providers in the table below have performed a total of 107 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Podiatry	Whittenburg, Eric C
	Snook, Eric
	Hart, Amanda
	Bach Ermitano, Emily

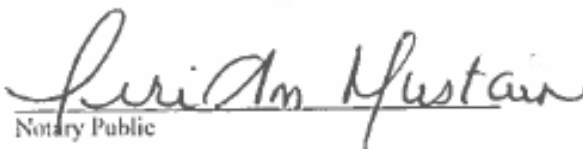
Based on their historical referrals to St. Elizabeth's, I anticipate the Associated Foot Surgeons referring 84 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. Eric Whittenburg

Subscribed and sworn to me on this 9 day of Sept, 2024.


Notary Public

Seal:





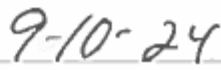
Dr. Eric Snook



Date



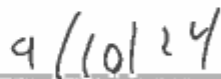
Dr. Amanda Hart



Date



Dr. Timur Davydov



Date

Service Line	Zip Code	Associated Foot Surgeons of SW IL			
		Physician			Total
		SNOOK, ERIC	WHITTENBURG, ERIC C	HART, AMANDA M	
Podiatry	62269	16			16
	62221	5	2	1	8
	62226	3	2		5
	62258	4			4
	62220	1			1
	62208	2			2
	62223	1	3		4
	62234	2			2
	62025	5			5
	62243	5			5
	62232	1			1
	62254	2			2
	62294	1			1
	62203				0
	62265				0
	62285	1			1
	62062	2			2
	62293	1			1
	62225	1		1	2
	62249				0
	62040	1			1
	62264				0
	62206	1			1
	62260				0
	62207				0
	62034				0
	62281				0
	62205				0
	62204				0
	62201				0
	62060				0
	63101	1			1
	62216				0
	62215	1			1
	Total	57	7	2	66

September 9, 2024

Mr. John Kniery, Administrator
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. James Taylor, Founder & Podiatrist at Advanced Ankle and Foot Surgeons. Over the past twelve months, the following providers in the table below have performed a total of 234 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Podiatry	Taylor, James D
	Guignon, Bryan

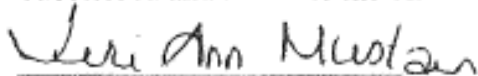
Based on their historical referrals to St. Elizabeth's, I anticipate the Advanced Ankle and Foot Surgeons referring 182 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. James Taylor

Subscribed and sworn to me on this 9th day of September 2024.



Notary Public





Dr. Bryan Guignon

9-9-24

Date

Advanced Ankle and Foot Surgeons				
Service Line	Zip Code	Physician		
		TAYLOR, JAMES D	GUIGNON, BRYAN	Total
Podiatry	62269	13	15	28
	62221	9	11	20
	62226	12	14	26
	62258	4	1	5
	62220	1	10	11
	62208	7	5	12
	62223	6	2	8
	62234	2	5	7
	62025	2	1	3
	62243	3	3	6
	62232	6	2	8
	62254	2	2	4
	62294	2	4	6
	62203	3	2	5
	62265	3	2	5
	62285	2	2	4
	62062	3		3
	62293	1		1
	62225	1	2	3
	62249	1	2	3
	62040			0
	62264	2	2	4
	62206	2		2
	62260	2	2	4
	62207		1	1
	62034		1	1
	62281			0
	62205	2		2
	62204			0
	62201			0
	62060			0
	63101			0
	62216			0
	62215			0
	Total	91	91	182

September 9, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. Ketan Shah, Owner and Physician Director of Midwest Sinus, Sleep & Allergy Associates (MSSA). Over the past twelve months, the following providers on the table below have performed a total of 190 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

ENT	George, Ryan M
	Srinet, Prateek
	Lesko, David W

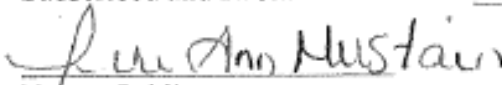
Based on their historical referrals to St. Elizabeth's, I anticipate the MSSA referring 138 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

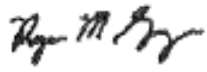


Dr. Ketan Shah

Subscribed and sworn to me on this 9th day of Sept., 2024.


Notary Public





Dr. Ryan George

09/09/2024

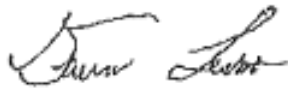
Date



Dr. Prateek Srinet

09/09/2024

Date



Dr. David Lesko

09/09/2024

Date

Service Line	Zip Code	Physician			
		GEORGE, RYAN M	SRINET, PRATEEK	LESKO, DAVID W	Total
Otolaryngology	62269	9	5	7	21
	62208	3	8	1	12
	62221	8	3	1	12
	62258	6	3	2	11
	62249	9		2	11
	62294	3	3	2	8
	62223	2	4	2	8
	62226	7			7
	62234	2	4		6
	62220	3	2		5
	62040	2		2	4
	62293	3	1		4
	62225	2	1		3
	62260	2	1		3
	62281	2		1	3
	62025	1		1	2
	62203			2	2
	62265	2			2
	62254	1	1		2
	62232	1	1		2
	62215	2			2
	62206	1			1
	62216	1			1
	62285			1	1
	62061		1		1
	62062	1			1
	62034	1			1
	62243	1			1
	62245		1		1
	Total	75	39	24	138

September 9, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

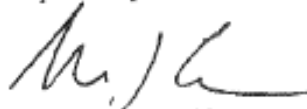
Dear Mr. Kniery:

I am Dr. Michael Schifano, Chief Executive Officer and Founder of Heartland Women's Healthcare. Over the past twelve months, the following providers in the table below have performed a total of 331 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Gynecology	Portale, Kimberly E	Boyd, Emily B
	Harrison, Garrett Daniel	Thanapandian, Kamala
	Covlin, Michael A	Drakeford, Sheniqua L N
	Cluney, Monika R	Carson, Debra A
	Dominick, Kathryn M	Coble, Katie
	Skelly, Stephanie	Michael Schifano

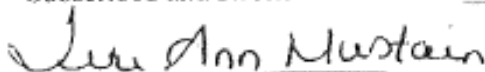
Based on their historical referrals to St. Elizabeth's, I anticipate the Heartland Women's Healthcare referring 249 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. Michael Schifano

Subscribed and sworn to me on this 9th day of September 2024.



Notary Public




Dr. Michael Covlin

9-9-2024
Date


Dr. Kathryn Dominick

9-9-2024
Date


Dr. Stephanie Skelly

9-9-2024
Date


Dr. Emily Boyd

9-9-2024
Date

Heartland Outpatient Surgical Volumes at HSHS St. Elizabeth's Hospital from January 1, 2024 to August 31, 2024 (Annualized)							
Service Line	Zip Code	Physician					
		BOYD, EMILY B	DOMINICK, KATHRYN M	COVLIN, MICHAEL A	SCHIAFNO, MICHAEL J	SKELLY, STEPHANIE	Total
Obstetrics/Gynecology	62269	8	5	20	5	8	44
	62221	0	18	9	5	6	38
	62226	3	12	6	9	2	32
	62220	0	5	6	6	2	18
	62208	0	2	6	2	3	12
	62234	2	3	3	0	3	11
	62223	2	2	2	5	2	11
	62258	3	2	2	0	3	9
	62205	0	2	6	0	0	8
	62243	5	0	0	2	2	8
	62206	0	2	2	2	3	8
	62260	2	0	3	0	2	6
	62040	0	0	2	3	2	6
	62264	2	0	3	2	0	6
	62060	0	0	3	0	2	5
	62285	2	2	0	2	0	5
	62207	0	2	2	0	2	5
	62203	0	2	0	0	3	5
	62254	0	2	0	0	3	5
	62204	3	0	0	0	2	5
	62293	2	0	2	0	0	3
	62265	0	2	0	2	0	3
	62249	0	2	2	0	0	3
	62062	0	2	0	0	0	2
	62201	2	0	0	0	0	2
	62281	0	0	2	0	0	2
	62215	0	2	0	0	0	2
	62216	2	0	0	0	0	2
	62225	0	0	2	0	0	2
	62232	0	2	0	0	0	2
	Grand Total	33	63	78	41	45	260

Service Line	Zip Code	Physician											Total
		BOYO, EMILY B	COVLIN, MICHAELA	HARRISON, GARRETT DANIEL	PORTALE, KIMBERLY E	DOMINICK, KATHRYN M	CLUNEY, MONIKA R	SKELLY, STEPHANIE	THANAPANDIAN, KAMALA	DRAKEFORD, SHENIQUEA L N	COBLE, KATIE	CARSON, DEBRA A	Total
	62269	7	8	7	13		10	3	4	3			55
	62221	2	5	7	8	7	2	2	2	3			38
	62226	8	6	3	1	1	1	5	1				26
	62208	2	3			3	3	1	1				13
	62258	1	3	3	4	1		1	1				11
	62225	1	1	5	3		7			3			20
	62220	4	2	1		2		3	1	1			14
	62234		2	1		1		1	1				6
	62223	1	3	1		2		1					8
	62260	2				1							3
	62265	2	1									1	4
	62293	1					1		1				3
	62206	2	2	2		1							7
	62040					2		2					4
	62285	2		1				1					4
	62249												0
	62254	1			1		1						3
	62243	2											2
	62294			1		1							2
	62232	1	1			1				1			4
	62203	1				1							1
	62201	1											1
	62034		1					1			1		3
	62289		2						1				3
	62281			1	1					1			3
	62205					2			1				2
	62025												1
	62207	1	1										2
	62204							1					1
	62240					1		1					2
	62264												0
	62059					1							1
	62060					1							1
	62245												0
	63103						1						1
	62061												0
	Total	42	38	33	31	28	26	23	14	12	1	1	249

Obstetrics/Gynecology

September 12, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

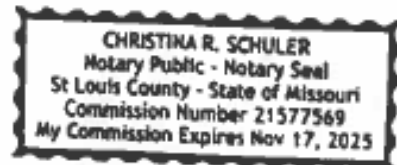
I am Dr. Matthew Spellman, Managing Partner of Urology of St. Louis (USTL) & Dr. Michael Polinsky, Managing Partner of Neurosurgery of St. Louis (NSTL). Over the past twelve months, the two of our groups have performed a total of 1,287 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Based on our historical referrals to St. Elizabeth's, we project that 861 surgical/procedural patients would be eligible each year to be performed at the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. Our groups welcome the opportunity to navigate these patients to a better place of service. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. The information provided in this letter is true and correct to the best of our knowledge.

Respectfully submitted,

Dr. Matthew Spellman
Dr. Michael Polinsky

Subscribed and sworn to me on this 12th day of September, 2024.



[Signature] Notary Public

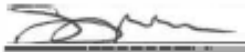
Seal:

[Signature]
Dr. Matthew Spellman

9-12-2024
Date

[Signature]
Dr. Michael Polinsky

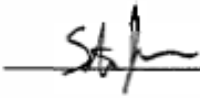
9-12-2024
Date



Dr. Sarah Fouke

9/19/2024

Date



Dr. Stephen Johans

9/19/2024

Date

Dr. Jacob Ark

Date

Dr. James Rybak

Date



Dr. Seth Strobe

9/19/2024

Date



Dr. Travis Bullock

9/19/2024

Date

Dr. William Critchlow

Date

Dr. Sarah Fouke

Date

Dr. Stephen Johans

Date



Dr. Jacob Ark

9/19/24

Date

Dr. James Rybak

Date

Dr. Seth Strobe

Date

Dr. Travis Bullock

Date



Dr. William Critchlow

9/19/24

Date

Dr. Sarah Fouke


Date

Dr. Stephen Johans

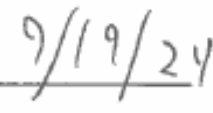
Date

Dr. Jacob Ark

Date



Dr. James Rybak



Date

Dr. Seth Strobe

Date

Dr. Travis Bullock

Date

Dr. William Critchlow

Date

Urology and Neurosurgery of St. Louis Outpatient Surgical Volumes at HSHS St. Elizabeth's Hospital from January 1, 2024 to August 31, 2024 (Annualized)									
Service Line	Zip Code	Physician							
		RYBAK, JAMES PATRICK	STROPE, SETH A	CRITCHLOW, WILLIAM A	BULLOCK, TRAVIS L	ARK, JACOB T	JOHANS, STEPHEN J	FOUKE, SARAH JOST	Total
Urology/Neurosurgery	62269	39	14	32	6	23	8	3	123
	62226	39	15	11	3	21	3	3	95
	62221	32	18	9	8	14	9	0	89
	62208	38	9	6	6	12	2	0	72
	62220	17	11	8	2	8	9	2	54
	62234	20	11	3	3	3	11	2	51
	62249	8	9	9	5	12	0	2	44
	62258	24	8	2	3	0	5	0	41
	62223	17	11	2	2	6	5	0	41
	62243	17	5	0	0	2	3	0	26
	62285	6	0	12	3	3	0	0	24
	62294	2	5	6	6	3	2	0	23
	62025	5	6	3	2	2	3	2	21
	62040	5	6	2	0	0	8	2	21
	62260	14	0	2	0	2	3	0	20
	62232	12	8	0	0	0	0	0	20
	62265	2	2	3	3	2	5	2	17
	62254	3	6	2	3	0	0	0	14
	62293	3	2	6	0	3	0	0	14
	62264	6	2	0	2	3	0	0	12
	62245	6	0	0	3	3	0	0	12
	62216	5	0	3	2	2	0	0	11
	62034	3	0	0	0	3	5	0	11
	62206	6	0	0	0	0	2	0	8
	62215	5	0	0	0	2	2	0	8
	62225	2	2	2	3	0	0	0	8
	62203	0	2	0	0	3	0	0	5
	62060	2	3	0	0	0	0	0	5
	62061	0	0	0	0	5	0	0	5
	62062	2	2	0	0	0	2	0	5
	62207	2	0	2	0	0	0	0	3
	62205	3	0	0	0	0	0	0	3
	62204	0	0	0	0	2	2	0	3
	62222	0	0	2	0	0	0	0	2
	62201	0	0	2	0	0	0	0	2
	62289	0	0	2	0	0	0	0	2
	63101	0	0	2	0	0	0	0	2
	62240	0	0	2	0	0	0	0	2
	Total	336	150	128	62	134	83	15	906

APPENDIX B
Statement of Charges

Name	CPT Code	Proposed Fee
Esw muscelskyl sys nos	0101T	\$ 595.00
Esw phy anes lat hmlr ependl	0102T	\$ 7,386.00
Perq sacral augmt unilat inj	0200T	\$ 10,640.00
Perq sacral augmt bilat inj	0201T	\$ 16,498.00
Njx paravert w/us cer/thor	0213T	\$ 2,299.00
Njx paravert w/us lumb/sac	0216T	\$ 2,299.00
Trluml perip athrc iliac art	0238T	\$ 24,084.00
Insert aqueous drain device	0253T	\$ 6,947.00
Im b1 mrw cel ther cmpl	0263T	\$ 11,673.00
Im b1 mrw cel ther xcl hrvt	0264T	\$ 11,673.00
Im b1 mrw cel ther hrvt onl	0265T	\$ 11,673.00
Implt/rpl crtd sns dev total	0266T	\$ 103,556.00
Implt/rpl crtd sns dev gen	0268T	\$ 63,910.00
Rev/remvl crtd sns dev total	0269T	\$ 14,650.00
Rev/remvl crtd sns dev lead	0270T	\$ 9,230.00
Rev/remvl crtd sns dev gen	0271T	\$ 9,230.00
Perq lamot/lam crv/thrc	0274T	\$ 16,498.00
Perq lamot/lam lumbar	0275T	\$ 12,304.00
Insj ocular telescope prosth	0308T	\$ 34,643.00
Heart symp image plnr	0331T	\$ 3,582.00
Heart symp image plnr spect	0332T	\$ 3,582.00
Insj sinus tarsi implant	0335T	\$ 11,015.00
Trnscth renal symp denrv unl	0338T	\$ 12,283.00
Trnscth renal symp denrv bil	0339T	\$ 9,315.00
Thxp apheresis w/hdl delip	0342T	\$ 11,673.00
Hdr ektrnc skn surf brchtyx	0394T	\$ 678.00
Hdr ektr nrst/ntrvc brchtx	0395T	\$ 1,808.00
Colgn crs-link crn&pachymtry	0402T	\$ 4,758.00
Insj/rplc cardiac modulj sys	0408T	\$ 65,134.00
Insj/rplc car modulj pls gn	0409T	\$ 51,631.00
Insj/rplc car modulj atr elt	0410T	\$ 13,196.00
Insj/rplc car modulj vnt elt	0411T	\$ 13,196.00
Rmvl cardiac modulj pls gn	0412T	\$ 9,905.00
Rmvl car modulj tranvns elt	0413T	\$ 9,905.00
Rmvl & rpl car modulj pls gn	0414T	\$ 37,027.00
Repos car modulj tranvns elt	0415T	\$ 1,585.00
Reloc skin pocket pls gn	0416T	\$ 4,600.00
Dstrj neurofibroma xtmsv	0419T	\$ 1,584.00
Dstrj neurofibroma xtmsv	0420T	\$ 1,584.00
Waterjet prostate abtj cmpl	0421T	\$ 15,082.00
Tactile breast img uni/bi	0422T	\$ 229.00
Abtj perc uxtx/perph nrv	0440T	\$ 4,365.00
Abtj perc ktr/perph nrv	0441T	\$ 2,860.00
Abtj perc plex/trncl nrv	0442T	\$ 10,400.00
Insj impltbl glucose sensor	0446T	\$ 4,600.00
Rmvl impltbl glucose sensor	0447T	\$ 505.00
Remvl insj impltbl gluc sens	0448T	\$ 4,600.00
Insj aqueous drain dev 1st	0449T	\$ 9,174.00
Fxjl abl lsr 1st 100 sq cm	0479T	\$ 1,584.00
Rmvl sinus tarsi implant	0510T	\$ 7,386.00
Rmvl&insj sinus tarsi implt	0511T	\$ 11,633.00
Esw integ wnd hlg 1st wnd	0512T	\$ 505.00
Ev cath dir chem abtj w/img	0524T	\$ 4,996.00
Insj/rplcmt compl iims	0525T	\$ 15,468.00
Insj/rplcmt iims eltrd only	0526T	\$ 13,196.00
Insj/rplcmt iims implt mntr	0527T	\$ 18,081.00
Removal complete iims	0530T	\$ 9,905.00
Removal iims electrode only	0531T	\$ 9,905.00
Removal iims implt mntr only	0532T	\$ 9,905.00
Abtj mal brst tum perq crtx	0581T	\$ 7,145.00
Impst auto tube dlvrr sys	0583T	\$ 2,042.00
Perq implt/rplcmt isdms ptn	0587T	\$ 14,754.00
Revision/removal isdms ptn	0588T	\$ 9,230.00
Osteot hum xtrnl lngth dev	0594T	\$ 10,389.00
Temp fml i vlv-pmp 1st insj	0596T	\$ 1,523.00
Temp fml i valve-pmp rplcmt	0597T	\$ 1,523.00
Ncrtc r-t fluor wnd img 1st	0598T	\$ 792.00
Ire abtj 1+tum organ perq	0600T	\$ 16,056.00
Ire abtj 1+tumors open	0601T	\$ 15,757.00
Mrs disc pain acquisj data	0609T	\$ 618.00
Mrs disc pain alg alys data	0611T	\$ 618.00
Rmvl&rplcmt ss implt dfb pg	0614T	\$ 46,321.00
Insertion of iris prosthesis	0616T	\$ 34,768.00
Insj iris prosth w/rmvl&insj	0617T	\$ 36,632.00
Insj iris prosth sec io lens	0618T	\$ 27,193.00
Cysto w/prst8 commissurotomy	0619T	\$ 19,131.00

Name	CPT Code	Proposed Fee
Treatment of fibula fracture	27780	\$ 595.00
Treatment of fibula fracture	27781	\$ 3,983.00
Treatment of fibula fracture	27784	\$ 16,498.00
Treatment of ankle fracture	27786	\$ 595.00
Treatment of ankle fracture	27788	\$ 595.00
Treatment of ankle fracture	27792	\$ 10,561.00
Treatment of ankle fracture	27808	\$ 595.00
Treatment of ankle fracture	27810	\$ 3,983.00
Treatment of ankle fracture	27814	\$ 10,656.00
Treatment of ankle fracture	27816	\$ 595.00
Treatment of ankle fracture	27818	\$ 3,983.00
Treatment of ankle fracture	27822	\$ 10,730.00
Treatment of ankle fracture	27823	\$ 10,662.00
Treat lower leg fracture	27824	\$ 595.00
Treat lower leg fracture	27825	\$ 3,983.00
Treat lower leg fracture	27826	\$ 10,794.00
Treat lower leg fracture	27827	\$ 21,275.00
Treat lower leg fracture	27828	\$ 21,046.00
Treat lower leg joint	27829	\$ 11,061.00
Treat lower leg dislocation	27830	\$ 595.00
Treat lower leg dislocation	27831	\$ 7,386.00
Treat lower leg dislocation	27832	\$ 10,964.00
Treat ankle dislocation	27840	\$ 595.00
Treat ankle dislocation	27842	\$ 3,983.00
Treat ankle dislocation	27846	\$ 16,498.00
Treat ankle dislocation	27848	\$ 10,389.00
Fixation of ankle joint	27860	\$ 7,386.00
Fusion of ankle joint open	27870	\$ 22,596.00
Fusion of tibiofibular joint	27871	\$ 19,916.00
Amputation follow-up surgery	27884	\$ 7,386.00
Amputation of foot at ankle	27889	\$ 16,498.00
Decompression of leg	27892	\$ 7,386.00
Decompression of leg	27893	\$ 16,498.00
Decompression of leg	27894	\$ 7,386.00
Drainage of bursa of foot	28001	\$ 479.00
Treatment of foot infection	28002	\$ 3,983.00
Treatment of foot infection	28003	\$ 7,386.00
Treat foot bone lesion	28005	\$ 7,386.00
Incision of foot fascia	28008	\$ 7,386.00
Incision of toe tendon	28010	\$ 626.00
Incision of toe tendons	28011	\$ 3,983.00
Exploration of foot joint	28020	\$ 7,386.00
Exploration of foot joint	28022	\$ 7,386.00
Exploration of toe joint	28024	\$ 3,983.00
Decompression of tibia nerve	28035	\$ 4,365.00
Exc foot/toe tum sc 1.5 cm/>	28039	\$ 5,627.00
Exc foot/toe tum dep 1.5cm/>	28041	\$ 5,627.00
Exc foot/toe tum sc <1.5 cm	28043	\$ 3,321.00
Exc foot/toe tum deep <1.5cm	28045	\$ 5,627.00
Resect foot/toe tumor < 3 cm	28046	\$ 5,627.00
Resect foot/toe tumor 3 cm/>	28047	\$ 5,627.00
Biopsy of foot joint lining	28050	\$ 7,386.00
Biopsy of foot joint lining	28052	\$ 7,386.00
Biopsy of toe joint lining	28054	\$ 7,386.00
Neurectomy foot	28055	\$ 4,365.00
Partial removal foot fascia	28060	\$ 7,386.00
Removal of foot fascia	28062	\$ 7,386.00
Removal of foot joint lining	28070	\$ 16,498.00
Removal of foot joint lining	28072	\$ 7,386.00
Removal of foot lesion	28080	\$ 3,983.00
Excise foot tendon sheath	28086	\$ 7,386.00
Excise foot tendon sheath	28088	\$ 7,386.00
Removal of foot lesion	28090	\$ 3,983.00
Removal of toe lesions	28092	\$ 3,983.00
Removal of ankle/heel lesion	28100	\$ 7,386.00
Remove/graft foot lesion	28102	\$ 10,389.00
Remove/graft foot lesion	28103	\$ 11,316.00
Removal of foot lesion	28104	\$ 7,386.00
Remove/graft foot lesion	28106	\$ 16,498.00
Remove/graft foot lesion	28107	\$ 16,498.00
Removal of toe lesions	28108	\$ 3,983.00
Part removal of metatarsal	28110	\$ 7,386.00
Part removal of metatarsal	28111	\$ 7,386.00
Part removal of metatarsal	28112	\$ 7,386.00
Part removal of metatarsal	28113	\$ 7,386.00
Removal of metatarsal heads	28114	\$ 7,386.00

Name	CPT Code	Proposed Fee
Prostatic microwave thermotx	53850	\$ 5,844.00
Prostatic rf thermotx	53852	\$ 5,588.00
Trurl dstrj prst8 tiss rf wv	53854	\$ 6,966.00
Insert prost urethral stent	53855	\$ 2,843.00
Transurethral rf treatment	53860	\$ 4,521.00
Slitting of prepuce	54000	\$ 7,907.00
Slitting of prepuce	54001	\$ 4,521.00
Drain penis lesion	54015	\$ 3,321.00
Destruction penis lesion(s)	54055	\$ 448.00
Laser surg penis lesion(s)	54057	\$ 4,600.00
Excision of penis lesion(s)	54060	\$ 4,600.00
Destruction penis lesion(s)	54065	\$ 4,600.00
Biopsy of penis	54100	\$ 3,321.00
Biopsy of penis	54105	\$ 5,627.00
Treatment of penis lesion	54110	\$ 7,907.00
Treat penis lesion graft	54111	\$ 12,016.00
Treat penis lesion graft	54112	\$ 14,086.00
Treatment of penis lesion	54115	\$ 5,627.00
Partial removal of penis	54120	\$ 7,907.00
Circumcision w/regionl block	54150	\$ 4,521.00
Circumcision neonate	54160	\$ 1,523.00
Circum 28 days or older	54161	\$ 4,521.00
Lysis penil circumic lesion	54162	\$ 4,521.00
Repair of circumcision	54163	\$ 4,521.00
Frenulotomy of penis	54164	\$ 4,521.00
Treatment of penis lesion	54200	\$ 369.00
Treatment of penis lesion	54205	\$ 12,016.00
Treatment of penis lesion	54220	\$ 623.00
Dynamic cavernosometry	54231	\$ 330.00
Penile injection	54235	\$ 223.00
Penis study	54240	\$ 285.00
Penis study	54250	\$ 196.00
Revision of penis	54300	\$ 7,907.00
Revision of penis	54304	\$ 7,907.00
Reconstruction of urethra	54308	\$ 12,016.00
Reconstruction of urethra	54312	\$ 7,907.00
Reconstruction of urethra	54316	\$ 22,102.00
Reconstruction of urethra	54318	\$ 7,907.00
Reconstruction of urethra	54322	\$ 7,907.00
Reconstruction of urethra	54324	\$ 7,907.00
Reconstruction of urethra	54326	\$ 7,907.00
Revise penis/urethra	54328	\$ 7,907.00
Rpr hypospad comp simple	54340	\$ 7,907.00
Rpr hypospad comp mobl&urtp	54344	\$ 22,102.00
Rpr hypospad comp dsj & urtp	54348	\$ 12,016.00
Revj prior hypospad repair	54352	\$ 12,016.00
Penis plastic surgery	54360	\$ 7,907.00
Repair penis	54380	\$ 4,521.00
Repair penis	54385	\$ 4,521.00
Insert semi-rigid prosthesis	54400	\$ 25,528.00
Insert self-contd prosthesis	54401	\$ 40,441.00
Insert multi-comp penis pros	54405	\$ 40,350.00
Remove multi-comp penis pros	54406	\$ 7,907.00
Repair multi-comp penis pros	54408	\$ 12,016.00
Remove/replace penis prosth	54410	\$ 39,584.00
Remove self-contd penis pros	54415	\$ 7,907.00
Rmvl/repl penis contain pros	54416	\$ 39,683.00
Revision of penis	54420	\$ 7,907.00
Revision of penis	54435	\$ 7,907.00
Repair corporeal tear	54437	\$ 7,907.00
Repair of penis	54440	\$ 7,907.00
Preputial stretching	54450	\$ 623.00
Biopsy of testis	54500	\$ 5,627.00
Biopsy of testis	54505	\$ 7,907.00
Excise lesion testis	54512	\$ 7,907.00
Removal of testis	54520	\$ 7,907.00
Orchiectomy partial	54522	\$ 7,907.00
Removal of testis	54530	\$ 7,886.00
Exploration for testis	54550	\$ 7,886.00
Exploration for testis	54560	\$ 4,521.00
Reduce testis torsion	54600	\$ 7,907.00
Suspension of testis	54620	\$ 7,907.00
Orchiopexy ingun/scrot appr	54640	\$ 7,886.00
Orchiopexy (fowler-stephens)	54650	\$ 7,886.00
Revision of testis	54660	\$ 8,471.00
Repair testis injury	54670	\$ 7,907.00

Name	CPT Code	Proposed Fee
Evasc ven artz tib/prnl vn	0620T	\$ 59,857.00
Trabeculectomy interno laser	0621T	\$ 6,262.00
Perq njx algc fluor lmbtr 1st	0627T	\$ 25,492.00
Perq njx algc ct lmbtr 1st	0629T	\$ 22,227.00
Perq tcat us abltj nrv p-art	0632T	\$ 24,084.00
Ct breast w/3d uni c-	0633T	\$ 277.00
Ct breast w/3d uni c+	0634T	\$ 463.00
Ct breast w/3d uni c-/c+	0635T	\$ 463.00
Ct breast w/3d bi c-	0636T	\$ 618.00
Ct breast w/3d bi c+	0637T	\$ 970.00
Ct breast w/3d bi c-/c+	0638T	\$ 970.00
Tcat rmvl/dblk icar mas perq	0644T	\$ 12,283.00
Insj gtube perq mag gastrpxy	0647T	\$ 4,045.00
Quan mr tis w mri lorgn	0648T	\$ 2,516.00
Mag ctrl capsule endoscopy	0651T	\$ 1,573.00
Egd flx transnasal dx br/wa	0652T	\$ 2,547.00
Egd flx transnasal bx 1/mlt	0653T	\$ 2,547.00
Egd flx transnasal tube/cath	0654T	\$ 8,748.00
Tprnl focal abltj mal prst8	0655T	\$ 7,907.00
Implt ant sgm io nbio rx sys	0660T	\$ 9,944.00
Rmvl&rimpljt ant sgm implt	0661T	\$ 9,944.00
Insj ant sgm ag drg dev 1+	0671T	\$ 9,278.00
Abtj b9 thyr ndul perq lasr	0673T	\$ 3,321.00
Histotripsy mal hepatcl tis	0686T	\$ 46,329.00
Quan us tis charac w/o dx us	0689T	\$ 229.00
Quan mr tis w mri mlt orgn	0697T	\$ 2,516.00
Quan mr tiss w/mri mlt orgn	0698T	\$ 2,516.00
Njx pst chmbr eye medication	0699T	\$ 5,756.00
Njx b1 sub mtrl sbchdrl dfct	0707T	\$ 5,404.00
Tprnl lsr ablt b9 prst8 hypr	0714T	\$ 12,016.00
Ins/rplmt eltrd ra spi nstim	0784T	\$ 22,428.00
Revj/rmvl nea spi w/nstim	0785T	\$ 9,230.00
Insj/rplmt prq ra sac nstim	0786T	\$ 22,428.00
Revj/rmvl nea sac w/nstim	0787T	\$ 9,230.00
Prq tcat thrm ablt nrv p-art	0793T	\$ 24,084.00
Tcat ins 2chmbr ldl pm rv	0797T	\$ 25,713.00
Tcat rmvl 2chmbr ldl pm rv	0800T	\$ 4,740.00
Tcat rmv&rp/2chmbr ldl pm rv	0803T	\$ 25,713.00
Subtrta njx rx agt w/vtrc	0810T	\$ 11,252.00
Egd vol adjmt bariatric balo	0813T	\$ 2,286.00
Opn insj/rplmt ins ptn subq	0816T	\$ 34,338.00
Opn insj/rplmt ins ptn subf	0817T	\$ 34,338.00
Revj/rmvl ins ptn subq	0818T	\$ 9,230.00
Revj/rmvl ins ptn subf	0819T	\$ 9,230.00
Low ntsty eswt corpus cvrnm	0864T	\$ 623.00
Tpla b9 prst8 hyprpsa>=50ml	0867T	\$ 12,016.00
Njx b1 sub mtrl hw fixj aug	0869T	\$ 4,651.00
Eshgsc ftk 1st tndsc dilat	0884T	\$ 5,509.00
Colsc ftk 1st tndsc dilat	0885T	\$ 4,131.00
Sgmdsc ftk 1st tndsc dilat	0886T	\$ 4,131.00
Histotripsy mal renal tissue	0888T	\$ 46,329.00
Fna bx w/us gdn 1st les	10005	\$ 1,775.00
Fna bx w/fluor gdn 1st les	10007	\$ 1,146.00
Fna bx w/ct gdn 1st les	10009	\$ 1,775.00
Fna bx w/mr gdn 1st les	10011	\$ 1,775.00
Fna bx w/o img gdn 1st les	10021	\$ 303.00
Img gid flu coll drg sft tis	10030	\$ 1,775.00
I&d abscess simple/single	10060	\$ 401.00
I&d abscess comp/multiple	10061	\$ 599.00
I&d pilonidal cyst simple	10080	\$ 991.00
I&d pilonidal cyst comp	10081	\$ 1,195.00
Inc&rmvl fb subq tiss smpl	10120	\$ 521.00
Inc&rmvl fb subq tiss comp	10121	\$ 3,321.00
I&d hmtma seroma/fluid collj	10140	\$ 539.00
Pnxr aspir abscc hmtma bulla	10160	\$ 405.00
I&d complex po wound infctj	10180	\$ 5,627.00
Dbrdmt ecz/infected skin<10%	11000	\$ 183.00
Debride skin at fx site	11010	\$ 1,775.00
Debride skin musc at fx site	11011	\$ 1,775.00
Deb skin bone at fx site	11012	\$ 5,627.00
Dbrdmt subq tis 1st 20sqcm/<	11042	\$ 1,006.00
Dbrdmt musc&/fsca 1st 20/<	11043	\$ 1,584.00
Dbrdmt bone 1st 20 sq cm/<	11044	\$ 3,321.00
Pargn/cutg b9 hyprkr les >4	11057	\$ 325.00
Tangntl bx skin single les	11102	\$ 371.00
Punch bx skin single lesion	11104	\$ 458.00

Name	CPT Code	Proposed Fee
Revision of foot	28116	\$ 7,386.00
Removal of heel bone	28118	\$ 7,386.00
Removal of heel spur	28119	\$ 7,386.00
Part removal of ankle/heel	28120	\$ 7,386.00
Partial removal of foot bone	28122	\$ 7,386.00
Partial removal of toe	28124	\$ 1,439.00
Partial removal of toe	28126	\$ 7,386.00
Removal of ankle bone	28130	\$ 10,595.00
Removal of metatarsal	28140	\$ 7,386.00
Removal of toe	28150	\$ 7,386.00
Partial removal of toe	28153	\$ 7,386.00
Partial removal of toe	28160	\$ 7,386.00
Resect tarsal tumor	28171	\$ 7,386.00
Resect metatarsal tumor	28173	\$ 7,386.00
Resect phalanx of toe tumor	28175	\$ 3,983.00
Removal of foot foreign body	28190	\$ 811.00
Removal of foot foreign body	28192	\$ 3,321.00
Removal of foot foreign body	28193	\$ 3,321.00
Repair of foot tendon	28200	\$ 7,386.00
Repair/graft of foot tendon	28202	\$ 10,774.00
Repair of foot tendon	28208	\$ 7,386.00
Repair/graft of foot tendon	28210	\$ 10,733.00
Release of foot tendon	28220	\$ 1,363.00
Release of foot tendons	28222	\$ 7,386.00
Release of foot tendon	28225	\$ 7,386.00
Release of foot tendons	28226	\$ 7,386.00
Incision of foot tendon(s)	28230	\$ 1,326.00
Incision of toe tendon	28232	\$ 1,212.00
Incision of foot tendon	28234	\$ 3,983.00
Revision of foot tendon	28238	\$ 16,498.00
Release of big toe	28240	\$ 7,386.00
Revision of foot fascia	28250	\$ 7,386.00
Release of midfoot joint	28260	\$ 7,386.00
Revision of foot tendon	28261	\$ 2,508.00
Revision of foot and ankle	28262	\$ 16,498.00
Release of midfoot joint	28264	\$ 3,983.00
Release of foot contracture	28270	\$ 7,386.00
Release of toe joint each	28272	\$ 1,172.00
Fusion of toes	28280	\$ 7,386.00
Repair of hammertoe	28285	\$ 7,386.00
Repair of hammertoe	28286	\$ 7,386.00
Partial removal of foot bone	28288	\$ 7,386.00
Corj halux rigidus w/o implt	28289	\$ 7,386.00
Corj halux rigidus w/implt	28291	\$ 11,294.00
Cor hk vlgs rsc prx phlx bs	28292	\$ 7,386.00
Cor hk vlgs prx mtar osteot	28295	\$ 7,386.00
Cor hk vlgs dstl mtar osteo	28296	\$ 7,386.00
Cor hk vlgs jt arthr	28297	\$ 11,913.00
Cor hk vlgs prx phlx osteot	28298	\$ 10,437.00
Cor hk vlgs double osteot	28299	\$ 10,531.00
Incision of heel bone	28300	\$ 10,855.00
Incision of ankle bone	28302	\$ 10,413.00
Incision of midfoot bones	28304	\$ 16,498.00
Incise/graft midfoot bones	28305	\$ 11,352.00
Incision of metatarsal	28306	\$ 16,498.00
Incision of metatarsal	28307	\$ 16,498.00
Incision of metatarsal	28308	\$ 7,386.00
Incision of metatarsals	28309	\$ 10,561.00
Revision of big toe	28310	\$ 10,466.00
Revision of toe	28312	\$ 7,386.00
Repair deformity of toe	28313	\$ 7,386.00
Removal of sesamoid bone	28315	\$ 7,386.00
Repair of foot bones	28320	\$ 19,808.00
Repair of metatarsals	28322	\$ 11,057.00
Resect enlarged toe tissue	28340	\$ 7,386.00
Resect enlarged toe	28341	\$ 7,386.00
Repair extra toe(s)	28344	\$ 7,386.00
Repair webbed toe(s)	28345	\$ 3,983.00
Treatment of heel fracture	28400	\$ 595.00
Treatment of heel fracture	28405	\$ 595.00
Treatment of heel fracture	28406	\$ 16,498.00
Treat heel fracture	28415	\$ 10,886.00
Treat/graft heel fracture	28420	\$ 21,065.00
Treatment of ankle fracture	28430	\$ 595.00
Treatment of ankle fracture	28435	\$ 3,983.00
Treatment of ankle fracture	28436	\$ 16,498.00

Name	CPT Code	Proposed Fee
Relocation of testis(es)	54680	\$ 7,907.00
Laparoscopy orchiectomy	54690	\$ 13,155.00
Laparoscopy orchiopexy	54692	\$ 13,155.00
Drainage of scrotum	54700	\$ 4,521.00
Biopsy of epididymis	54800	\$ 3,321.00
Remove epididymis lesion	54830	\$ 7,907.00
Remove epididymis lesion	54840	\$ 4,521.00
Removal of epididymis	54860	\$ 7,907.00
Removal of epididymis	54861	\$ 7,907.00
Explore epididymis	54865	\$ 7,907.00
Fusion of spermatic ducts	54900	\$ 4,521.00
Fusion of spermatic ducts	54901	\$ 7,907.00
Drainage of hydrocele	55000	\$ 325.00
Removal of hydrocele	55040	\$ 7,886.00
Removal of hydroceles	55041	\$ 7,886.00
Repair of hydrocele	55060	\$ 7,907.00
Drainage of scrotum abscess	55100	\$ 3,321.00
Explore scrotum	55110	\$ 7,907.00
Removal of scrotum lesion	55120	\$ 4,521.00
Removal of scrotum	55150	\$ 7,907.00
Revision of scrotum	55175	\$ 7,907.00
Revision of scrotum	55180	\$ 12,016.00
Incision of sperm duct	55200	\$ 7,907.00
Removal of sperm duct(s)	55250	\$ 4,521.00
Repair of sperm duct	55400	\$ 7,907.00
Removal of hydrocele	55500	\$ 7,907.00
Removal of sperm cord lesion	55520	\$ 7,907.00
Revise spermatic cord veins	55530	\$ 7,907.00
Revise spermatic cord veins	55535	\$ 18,100.00
Revise hernia & sperm veins	55540	\$ 7,886.00
Laparo ligate spermatic vein	55550	\$ 13,155.00
Incise sperm duct pouch	55600	\$ 4,521.00
Remove sperm pouch lesion	55680	\$ 7,907.00
Biopsy of prostate	55700	\$ 4,521.00
Biopsy of prostate	55705	\$ 7,907.00
Prostate saturation sampling	55706	\$ 7,907.00
Drainage of prostate abscess	55720	\$ 7,907.00
Drainage of prostate abscess	55725	\$ 7,907.00
Surgical exposure prostate	55860	\$ 12,016.00
Electroejaculation	55870	\$ 398.00
Cryoablate prostate	55873	\$ 15,875.00
Tprnl plmt biodegradabl matr	55874	\$ 9,105.00
Transperi needle place pros	55875	\$ 12,016.00
Place rt device/marker pros	55876	\$ 2,238.00
Abtj mal prst8 tiss hifu	55880	\$ 22,102.00
Place needles pelvic for rt	55920	\$ 10,384.00
I & d of vulva/perineum	56405	\$ 437.00
Drainage of gland abscess	56420	\$ 503.00
Surgery for vulva lesion	56440	\$ 7,713.00
Lysis of labial lesion(s)	56441	\$ 7,713.00
Hymenotomy	56442	\$ 7,713.00
Destroy vulva lesions sim	56501	\$ 648.00
Destroy vulva lesion/s compl	56515	\$ 4,600.00
Biopsy of vulva/perineum	56605	\$ 264.00
Partial removal of vulva	56620	\$ 7,713.00
Complete removal of vulva	56625	\$ 7,713.00
Partial removal of hymen	56700	\$ 7,713.00
Remove vagina gland lesion	56740	\$ 7,713.00
Repair of vagina	56800	\$ 7,713.00
Repair clitoris	56805	\$ 7,713.00
Repair of perineum	56810	\$ 7,713.00
Exam of vulva w/scope	56820	\$ 332.00
Exam/biopsy of vulva w/scope	56821	\$ 434.00
Exploration of vagina	57000	\$ 7,713.00
Drainage of pelvic abscess	57010	\$ 7,713.00
Drainage of pelvic fluid	57020	\$ 10,384.00
I & d vaginal hematoma pp	57022	\$ 5,627.00
I & d vaginal hematoma non-ob	57023	\$ 5,627.00
Destroy vag lesions simple	57061	\$ 575.00
Destroy vag lesions complex	57065	\$ 7,713.00
Biopsy of vagina	57100	\$ 280.00
Biopsy of vagina	57105	\$ 7,713.00
Closure of vagina	57120	\$ 10,384.00
Remove vagina lesion	57130	\$ 7,713.00
Remove vagina lesion	57135	\$ 7,713.00
Insert uteri tandem/ovoids	57155	\$ 10,384.00

Name	CPT Code	Proposed Fee
Intmd rpr face/mm 5.1-7.5 cm	12053	\$ 1,006.00
Intmd rpr face/mm 7.6-12.5cm	12054	\$ 1,006.00
Intmd rpr face/mm 12.6-20 cm	12055	\$ 1,006.00
Intmd rpr face/mm 20.1-30.0	12056	\$ 1,006.00
Intmd rpr face/mm >30.0 cm	12057	\$ 1,006.00
Cmplx rpr trunk 1.1-2.5 cm	13100	\$ 1,584.00
Cmplx rpr trunk 2.6-7.5 cm	13101	\$ 1,584.00
Cmplx rpr s/a/l 1.1-2.5 cm	13120	\$ 1,584.00
Cmplx rpr s/a/l 2.6-7.5 cm	13121	\$ 1,584.00
Cmplx rpr f/c/c/m/n/ax/g/h/f	13131	\$ 1,006.00
Cmplx rpr f/c/c/m/n/ax/g/h/f	13132	\$ 1,584.00
Cmplx rpr e/n/e/l 1.1-2.5 cm	13151	\$ 1,584.00
Cmplx rpr e/n/e/l 2.6-7.5 cm	13152	\$ 1,584.00
Sec clsr surg wnd/dehns xtn	13160	\$ 4,600.00
Tis trnfr trunk 10 sq cm<	14000	\$ 4,600.00
Tis trnfr trunk 10.1-30sqcm	14001	\$ 4,600.00
Tis trnfr s/a/l 10 sq cm<	14020	\$ 4,600.00
Tis trnfr s/a/l 10.1-30 sqcm	14021	\$ 4,600.00
Tis trnfr f/c/c/m/n/a/g/h/f	14040	\$ 4,600.00
Tis trnfr f/c/c/m/n/a/g/h/f	14041	\$ 4,600.00
Tis trnfr e/n/e/l 10 sq cm<	14060	\$ 4,600.00
Tis trnfr e/n/e/l 10.1-30sqcm	14061	\$ 4,600.00
Tis trnfr any 30.1-60 sq cm	14301	\$ 9,049.00
Filletted finger/toe flap	14350	\$ 4,600.00
Wound prep trk/arm/leg	15002	\$ 4,600.00
Wound prep f/n/h/g	15004	\$ 1,584.00
Harvest cultured skin graft	15040	\$ 4,600.00
Pinch graft up to 2 cm diam	15050	\$ 1,584.00
Skin splr grft trnk/arm/leg	15100	\$ 4,600.00
Epidrm autogrft trnk/arm/leg	15110	\$ 4,600.00
Epidrm a-grft face/nck/hf/g	15115	\$ 4,600.00
Skn splr a-grft fac/nck/hf/g	15120	\$ 9,049.00
Derm autograft trnk/arm/leg	15130	\$ 4,600.00
Derm autograft face/nck/hf/g	15135	\$ 9,049.00
Cult skin grft t/arm/leg	15150	\$ 4,600.00
Cult skin grft f/n/hf/g	15155	\$ 9,049.00
Fth grf fr trnk 20 sq cm<	15200	\$ 4,600.00
Fth grf fr s/a/l 20 sq cm<	15220	\$ 4,600.00
Fth gr fr f/c/c/m/n/ax/g/h/f	15240	\$ 4,600.00
Fth grf fr e/n/e/l 20 sqcm<	15260	\$ 4,600.00
Skin sub grft trnk/arm/leg	15271	\$ 4,600.00
Skin sub grft t/arm/leg child	15273	\$ 9,049.00
Skin sub grft face/nk/hf/g	15275	\$ 445.00
Skn sub grft f/n/hf/g child	15277	\$ 4,600.00
Skin pedicle flap trunk	15570	\$ 4,600.00
Skin pedicle flap arms/legs	15572	\$ 9,049.00
Pedicle fh/ch/m/n/ax/g/h/f	15574	\$ 4,600.00
Pedicle e/n/e/l/ntoral	15576	\$ 4,600.00
Delay flap trunk	15600	\$ 9,049.00
Delay flap arms/legs	15610	\$ 4,600.00
Delay flap f/c/c/n/ax/g/h/f	15620	\$ 4,600.00
Delay flap eye/nos/ear/lip	15630	\$ 4,600.00
Transfer skin pedicle flap	15650	\$ 4,600.00
Mdfe flap w/prsr vasc pedcl	15730	\$ 9,049.00
Forehead flap w/vasc pedicle	15731	\$ 9,049.00
Musc myoq/fscq flp h&n pedcl	15733	\$ 9,049.00
Muscle-skin graft trunk	15734	\$ 9,049.00
Muscle-skin graft arm	15736	\$ 4,600.00
Muscle-skin graft leg	15738	\$ 9,049.00
Island pedicle flap graft	15740	\$ 4,600.00
Neurovascular pedicle flap	15750	\$ 9,049.00
Composite skin graft	15760	\$ 4,600.00
Grfg autol soft tiss dir exc	15769	\$ 9,049.00
Derma-fat-fascia graft	15770	\$ 9,049.00
Grfg autol fat lipo 50 cc<	15771	\$ 9,049.00
Grfg autol fat lipo 25 cc<	15773	\$ 4,600.00
Hair trnspl 1-15 punch grfts	15775	\$ 1,006.00
Hair trnspl >15 punch grafts	15776	\$ 1,006.00
Dermabrasion total face	15780	\$ 2,566.00
Dermabrasion segmental face	15781	\$ 1,674.00
Dermabrasion other than face	15782	\$ 1,577.00
Dermabrasion suprlr any site	15783	\$ 1,006.00
Chemical peel face dermal	15789	\$ 1,584.00
Plastic surgery neck	15819	\$ 4,600.00
Revision of lower eyelid	15820	\$ 4,600.00
Revision of lower eyelid	15821	\$ 4,600.00
Revision of upper eyelid	15822	\$ 4,600.00
Revision of upper eyelid	15823	\$ 4,600.00
Removal of forehead wrinkles	15824	\$ 4,600.00
Removal of neck wrinkles	15825	\$ 9,049.00

Name	CPT Code	Proposed Fee
Removal/revision of cast	29705	\$ 168.00
Removal/revision of cast	29710	\$ 345.00
Repair of body cast	29720	\$ 296.00
Windowing of cast	29730	\$ 178.00
Wedging of cast	29740	\$ 270.00
Wedging of clubfoot cast	29750	\$ 282.00
Jaw arthroscopy/surgery	29800	\$ 7,386.00
Jaw arthroscopy/surgery	29804	\$ 7,386.00
Sho arthrs dx +- synovial bx	29805	\$ 7,386.00
Sho arthrs srg capsulorraphy	29806	\$ 16,498.00
Sho arthrs srg rpr slap les	29807	\$ 16,498.00
Sho arthrs srg rmvl loose/fb	29819	\$ 7,386.00
Sho arthrs srg prt synvct	29820	\$ 16,498.00
Sho arthrs srg compl synvct	29821	\$ 7,386.00
Sho arthrs srg lmt dbrdmt	29822	\$ 7,386.00
Sho arthrs srg xtms dbrdmt	29823	\$ 7,386.00
Sho arthrs srg dsl claviclc	29824	\$ 7,386.00
Sho arthrs srg lss&rescj ads	29825	\$ 7,386.00
Sho arthrs srg rtstr cuf rpr	29827	\$ 16,498.00
Sho arthrs srg bicip tenodsis	29828	\$ 16,498.00
Elbow arthroscopy	29830	\$ 7,386.00
Elbow arthroscopy/surgery	29834	\$ 7,386.00
Elbow arthroscopy/surgery	29835	\$ 7,386.00
Elbow arthroscopy/surgery	29836	\$ 16,498.00
Elbow arthroscopy/surgery	29837	\$ 7,386.00
Elbow arthroscopy/surgery	29838	\$ 7,386.00
Wrist arthroscopy	29840	\$ 7,386.00
Wrist arthroscopy/surgery	29843	\$ 7,386.00
Wrist arthroscopy/surgery	29844	\$ 7,386.00
Wrist arthroscopy/surgery	29845	\$ 7,386.00
Wrist arthroscopy/surgery	29846	\$ 7,386.00
Wrist arthroscopy/surgery	29847	\$ 16,498.00
Wrist endoscopy/surgery	29848	\$ 3,983.00
Knee arthroscopy/surgery	29850	\$ 3,983.00
Knee arthroscopy/surgery	29851	\$ 3,983.00
Tibial arthroscopy/surgery	29855	\$ 11,782.00
Tibial arthroscopy/surgery	29856	\$ 25,526.00
Hip arthroscopy dx	29860	\$ 16,498.00
Hip arthro w/fb removal	29861	\$ 16,498.00
Hip arthro w/debridement	29862	\$ 16,498.00
Hip arthro w/synovectomy	29863	\$ 7,386.00
Autgrft implt knee w/scope	29866	\$ 16,498.00
Allgrft implt knee w/scope	29867	\$ 23,615.00
Meniscal trnspl knee w/scope	29868	\$ 16,498.00
Knee arthroscopy dx	29870	\$ 7,386.00
Knee arthroscopy/drainage	29871	\$ 7,386.00
Knee arthroscopy/surgery	29873	\$ 7,386.00
Knee arthroscopy/surgery	29874	\$ 7,386.00
Knee arthroscopy/surgery	29875	\$ 7,386.00
Knee arthroscopy/surgery	29876	\$ 7,386.00
Knee arthroscopy/surgery	29877	\$ 7,386.00
Knee arthroscopy/surgery	29879	\$ 7,386.00
Knee arthroscopy/surgery	29880	\$ 7,386.00
Knee arthroscopy/surgery	29881	\$ 7,386.00
Knee arthroscopy/surgery	29882	\$ 7,386.00
Knee arthroscopy/surgery	29883	\$ 7,386.00
Knee arthroscopy/surgery	29884	\$ 7,386.00
Knee arthroscopy/surgery	29885	\$ 10,591.00
Knee arthroscopy/surgery	29886	\$ 7,386.00
Knee arthroscopy/surgery	29887	\$ 16,498.00
Knee arthroscopy/surgery	29888	\$ 10,934.00
Knee arthroscopy/surgery	29889	\$ 19,905.00
Ankle arthroscopy/surgery	29891	\$ 7,386.00
Ankle arthroscopy/surgery	29892	\$ 16,498.00
Scope plantar fasciotomy	29893	\$ 7,386.00
Ankle arthroscopy/surgery	29894	\$ 7,386.00
Ankle arthroscopy/surgery	29895	\$ 7,386.00
Ankle arthroscopy/surgery	29897	\$ 7,386.00
Ankle arthroscopy/surgery	29898	\$ 7,386.00
Ankle arthroscopy/surgery	29899	\$ 10,937.00
Mcp joint arthroscopy dx	29900	\$ 7,386.00
Mcp joint arthroscopy surg	29901	\$ 7,386.00
Mcp joint arthroscopy surg	29902	\$ 3,983.00
Subtalar arthro w/fb rmvl	29904	\$ 7,386.00
Subtalar arthro w/exc	29905	\$ 16,498.00
Subtalar arthro w/deb	29906	\$ 7,386.00
Subtalar arthro w/fusion	29907	\$ 20,901.00
Hip arthro w/femorooplasty	29914	\$ 16,498.00
Hip arthro acetabuloplasty	29915	\$ 16,498.00
Hip arthro w/labral repair	29916	\$ 16,498.00

Name	CPT Code	Proposed Fee
Occlude fallopian tube(s)	58615	\$ 7,713.00
Laparoscopy lysis	58660	\$ 13,155.00
Laparoscopy remove adnexa	58661	\$ 13,155.00
Laparoscopy excise lesions	58662	\$ 13,155.00
Laparoscopy tubal cautery	58670	\$ 13,155.00
Laparoscopy tubal block	58671	\$ 13,155.00
Laparoscopy fimbrioplasty	58672	\$ 13,155.00
Laparoscopy salpingostomy	58673	\$ 22,079.00
Laps abltj uterine fibroids	58674	\$ 22,079.00
Drainage of ovarian cyst(s)	58800	\$ 7,713.00
Drainage of ovarian cyst(s)	58805	\$ 7,713.00
Drain ovary abscess open	58820	\$ 7,713.00
Biopsy of ovary(s)	58900	\$ 7,713.00
Retrieval of oocyte	58970	\$ 2,028.00
Transfer of embryo	58974	\$ 2,028.00
Transfer of embryo	58976	\$ 809.00
Amniocentesis diagnostic	59000	\$ 303.00
Amniocentesis therapeutic	59001	\$ 809.00
Fetal cord puncture prenatal	59012	\$ 809.00
Chorion biopsy	59015	\$ 308.00
Fetal contract stress test	59020	\$ 210.00
Fetal non-stress test	59025	\$ 131.00
Transabdom amniocinfus w/us	59070	\$ 809.00
Umbilical cord occlud w/us	59072	\$ 542.00
Fetal fluid drainage w/us	59074	\$ 809.00
Fetal shunt placement w/us	59076	\$ 809.00
Remove uterus lesion	59100	\$ 10,384.00
Treat ectopic pregnancy	59150	\$ 13,155.00
Treat ectopic pregnancy	59151	\$ 13,155.00
D & c after delivery	59160	\$ 7,713.00
Insert cervical dilator	59200	\$ 346.00
Episiotomy or vaginal repair	59300	\$ 617.00
Revision of cervix	59320	\$ 7,713.00
Antepartum manipulation	59412	\$ 7,713.00
Deliver placenta	59414	\$ 7,713.00
Treatment of miscarriage	59812	\$ 7,713.00
Care of miscarriage	59820	\$ 7,713.00
Treatment of miscarriage	59821	\$ 7,713.00
Abortion	59840	\$ 7,713.00
Abortion	59841	\$ 7,713.00
Abortion (mpr)	59866	\$ 809.00
Evacuate mole of uterus	59870	\$ 7,713.00
Remove cerclage suture	59871	\$ 7,713.00
Drain thyroid/tongue cyst	60000	\$ 3,242.00
Biopsy of thyroid	60100	\$ 253.00
Remove thyroid lesion	60200	\$ 13,155.00
Partial thyroid excision	60210	\$ 13,155.00
Partial thyroid excision	60212	\$ 13,155.00
Partial removal of thyroid	60220	\$ 13,155.00
Partial removal of thyroid	60225	\$ 13,155.00
Removal of thyroid	60240	\$ 13,155.00
Repeat thyroid surgery	60260	\$ 13,424.00
Remove thyroid duct lesion	60280	\$ 13,155.00
Remove thyroid duct lesion	60281	\$ 13,155.00
Aspir/inj thyroid cyst	60300	\$ 346.00
Explore parathyroid glands	60500	\$ 13,424.00
Remove cranial cavity fluid	61000	\$ 1,744.00
Remove cranial cavity fluid	61001	\$ 1,744.00
Remove brain cavity fluid	61020	\$ 2,299.00
Injection into brain canal	61026	\$ 1,744.00
Remove brain canal fluid	61050	\$ 747.00
Injection into brain canal	61055	\$ 747.00
Brain canal shunt procedure	61070	\$ 1,744.00
Insert brain-fluid device	61215	\$ 14,650.00
Decompress eye socket	61330	\$ 6,413.00
Incise skull for treatment	61770	\$ 14,650.00
Treat trigeminal nerve	61790	\$ 4,365.00
Treat trigeminal tract	61791	\$ 4,365.00
Revise/remove neuroelectrode	61880	\$ 9,230.00
Insr/redox neurostim 1 array	61885	\$ 47,076.00
Implant neurostim arrays	61886	\$ 61,556.00
Revise/remove neuroreceiver	61888	\$ 26,197.00
Replace/irrigate catheter	62194	\$ 4,365.00
Replace/irrigate catheter	62225	\$ 14,650.00
Replace/revise brain shunt	62230	\$ 14,650.00
Csf shunt reprogram	62252	\$ 254.00
Epidural lysis mult sessions	62263	\$ 2,299.00
Epidural lysis on single day	62264	\$ 2,299.00
Interdiscal perq aspir dx	62267	\$ 1,775.00
Drain spinal cord cyst	62268	\$ 2,299.00

Name	CPT Code	Proposed Fee
Removal of brow wrinkles	15826	\$ 9,049.00
Removal of face wrinkles	15828	\$ 9,049.00
Removal of skin wrinkles	15829	\$ 9,049.00
Exc skin abd	15830	\$ 12,331.00
Excise excessive skin thigh	15832	\$ 5,627.00
Excise excessive skin leg	15833	\$ 5,627.00
Excise excessive skin hip	15834	\$ 5,627.00
Excise excessive skin buttock	15835	\$ 5,627.00
Excise excessive skin arm	15836	\$ 5,627.00
Excise excess skin arm/hand	15837	\$ 5,627.00
Excise excess skin fat pad	15838	\$ 5,627.00
Excise excess skin & tissue	15839	\$ 5,627.00
Nerve palsy fascial graft	15840	\$ 9,049.00
Nerve palsy muscle graft	15841	\$ 9,049.00
Nerve palsy microsurg graft	15842	\$ 4,600.00
Skin and muscle repair face	15845	\$ 9,049.00
Removal sutr/staple req anes	15851	\$ 78.00
Suction lipectomy head&neck	15876	\$ 9,049.00
Suction lipectomy trunk	15877	\$ 9,049.00
Suction lipectomy upr extrem	15878	\$ 4,600.00
Suction lipectomy lwr extrem	15879	\$ 9,049.00
Removal of tail bone ulcer	15920	\$ 5,627.00
Removal of tail bone ulcer	15922	\$ 9,049.00
Remove sacrum pressure sore	15931	\$ 5,627.00
Remove sacrum pressure sore	15933	\$ 5,627.00
Remove sacrum pressure sore	15934	\$ 9,049.00
Remove sacrum pressure sore	15935	\$ 9,049.00
Remove sacrum pressure sore	15936	\$ 4,600.00
Remove sacrum pressure sore	15937	\$ 4,600.00
Remove hip pressure sore	15940	\$ 5,627.00
Remove hip pressure sore	15941	\$ 5,627.00
Remove hip pressure sore	15944	\$ 9,049.00
Remove hip pressure sore	15945	\$ 4,600.00
Remove hip pressure sore	15946	\$ 4,600.00
Remove thigh pressure sore	15950	\$ 3,321.00
Remove thigh pressure sore	15951	\$ 5,627.00
Remove thigh pressure sore	15952	\$ 4,600.00
Remove thigh pressure sore	15953	\$ 9,049.00
Remove thigh pressure sore	15956	\$ 4,600.00
Remove thigh pressure sore	15958	\$ 9,049.00
Dress/debrid p-thick burn m	16025	\$ 505.00
Dress/debrid p-thick burn l	16030	\$ 1,006.00
Incision of burn scab initi	16035	\$ 1,006.00
Destroy preml lesions 15/>	17004	\$ 570.00
Destruction of skin lesions	17106	\$ 1,006.00
Destruction of skin lesions	17107	\$ 1,323.00
Destruction of skin lesions	17108	\$ 1,724.00
Dstrj mal les t/a/l 3.1-4.0	17264	\$ 654.00
Dstrj mal les t/a/l >4.0 cm	17266	\$ 720.00
Dstr mal les s/n/h/t/f/g .5 /<	17270	\$ 486.00
Dstr mal les s/n/h/t/f/g 0.6-1	17271	\$ 505.00
Dstr mal les s/n/h/t/f/g 2.1-3	17273	\$ 646.00
Dstr mal les s/n/h/t/f/g 3.1-4	17274	\$ 722.00
Dstr mal les s/n/h/t/f/g >4.0	17276	\$ 801.00
Dstr mal ls f/e/e/n/l/m .6-1	17281	\$ 562.00
Dstr mal ls f/e/e/n/l/m 1.1-2	17282	\$ 630.00
Dstr mal ls f/e/e/n/l/m 2.1-3	17283	\$ 704.00
Dstr mal ls f/e/e/n/l/m 3.1-4	17284	\$ 774.00
Dstr mal ls f/e/e/n/l/m >4.0	17286	\$ 926.00
Mohs 1 stage h/n/hf/g	17311	\$ 1,584.00
Mohs 1 stage t/a/l	17313	\$ 1,584.00
Hair removal by electrolysis	17380	\$ 1,584.00
Puncture aspir cyst breast	19000	\$ 333.00
Mastotomy expl drg absc dp	19020	\$ 3,321.00
Bx breast 1st lesion strtctc	19081	\$ 3,321.00
Bx breast 1st lesion us imag	19083	\$ 3,321.00
Bx breast 1st lesion mr imag	19085	\$ 3,321.00
Bx breast percult w/o image	19100	\$ 3,321.00
Biopsy of breast open	19101	\$ 7,145.00
Cryosurg ablate fa each	19105	\$ 5,100.00
Nipple exploration	19110	\$ 7,145.00
Excise breast duct fistula	19112	\$ 7,145.00
Removal of breast lesion	19120	\$ 7,145.00
Excision breast lesion	19125	\$ 7,145.00
Place po breast cath for rad	19296	\$ 10,629.00
Place breast rad tube/caths	19298	\$ 10,100.00
Removal of breast tissue	19300	\$ 7,145.00
Partial mastectomy	19301	\$ 7,145.00
P-mastectomy w/in removal	19302	\$ 12,331.00
Mast simple complete	19303	\$ 12,331.00

Name	CPT Code	Proposed Fee
Drainage of nose lesion	30000	\$ 616.00
Drainage of nose lesion	30020	\$ 1,042.00
Intranasal biopsy	30100	\$ 513.00
Removal of nose polyp(s)	30110	\$ 906.00
Removal of nose polyp(s)	30115	\$ 6,413.00
Removal of intranasal lesion	30117	\$ 6,413.00
Removal of intranasal lesion	30118	\$ 6,413.00
Revision of nose	30120	\$ 6,413.00
Removal of nose lesion	30124	\$ 3,242.00
Removal of nose lesion	30125	\$ 13,424.00
Excise inferior turbinate	30130	\$ 6,413.00
Resect inferior turbinate	30140	\$ 6,413.00
Partial removal of nose	30150	\$ 13,424.00
Removal of nose	30160	\$ 13,424.00
Injection treatment of nose	30200	\$ 395.00
Nasal sinus therapy	30210	\$ 533.00
Insert nasal septal button	30220	\$ 3,242.00
Remove nasal foreign body	30310	\$ 6,413.00
Remove nasal foreign body	30320	\$ 3,242.00
Reconstruction of nose	30400	\$ 13,424.00
Reconstruction of nose	30410	\$ 13,424.00
Reconstruction of nose	30420	\$ 13,424.00
Revision of nose	30430	\$ 13,424.00
Revision of nose	30435	\$ 13,424.00
Revision of nose	30450	\$ 13,424.00
Revision of nose	30460	\$ 13,424.00
Revision of nose	30462	\$ 13,424.00
Repair nasal stenosis	30465	\$ 13,424.00
Rpr nsl vlv collapse w/implt	30468	\$ 9,847.00
Rpr nsl vlv collapse w/rmdlg	30469	\$ 8,454.00
Repair of nasal septum	30520	\$ 6,413.00
Rpr choanal atresia ntranasl	30540	\$ 13,424.00
Rpr choanal atresia trsnpltn	30545	\$ 13,424.00
Lysis intranasal synechia	30560	\$ 1,388.00
Repair upper jaw fistula	30580	\$ 13,424.00
Repair mouth/nose fistula	30600	\$ 13,424.00
Intranasal reconstruction	30620	\$ 13,424.00
Repair nasal septum defect	30630	\$ 6,413.00
Ablate inf turbinate superf	30801	\$ 3,242.00
Ablate inf turbinate submuc	30802	\$ 3,242.00
Control of nosebleed	30903	\$ 322.00
Control of nosebleed	30905	\$ 322.00
Repeat control of nosebleed	30906	\$ 616.00
Ligation nasal sinus artery	30915	\$ 7,527.00
Ligation upper jaw artery	30920	\$ 7,527.00
Ther fx nasal inf turbinate	30930	\$ 6,413.00
Irrigation maxillary sinus	31000	\$ 616.00
Irrigation sphenoid sinus	31002	\$ 3,242.00
Exploration maxillary sinus	31020	\$ 6,413.00
Exploration maxillary sinus	31030	\$ 13,424.00
Explore sinus remove polyps	31032	\$ 13,424.00
Exploration behind upper jaw	31040	\$ 13,424.00
Exploration sphenoid sinus	31050	\$ 13,424.00
Sphenoid sinus surgery	31051	\$ 13,424.00
Exploration of frontal sinus	31070	\$ 13,424.00
Exploration of frontal sinus	31075	\$ 13,424.00
Removal of frontal sinus	31080	\$ 13,424.00
Removal of frontal sinus	31081	\$ 13,424.00
Removal of frontal sinus	31084	\$ 13,424.00
Removal of frontal sinus	31085	\$ 8,680.00
Removal of frontal sinus	31086	\$ 13,424.00
Removal of frontal sinus	31087	\$ 13,424.00
Exploration of sinuses	31090	\$ 13,424.00
Removal of ethmoid sinus	31200	\$ 13,424.00
Removal of ethmoid sinus	31201	\$ 3,242.00
Removal of ethmoid sinus	31205	\$ 6,413.00
Nasal endoscopy dx	31231	\$ 500.00
Nsl/sins ndsc dx max sinusc	31233	\$ 1,030.00
Nsl/sins ndsc dx sphn sinusc	31235	\$ 3,682.00
Nsl/sins ndsc surg bx polypc	31237	\$ 3,682.00
Nsl/sins ndsc srg nsl hemrrg	31238	\$ 3,682.00
Nsl/sinus endoscopy surg dcr	31239	\$ 7,618.00
Nsl/sns ndsc cnch bull rescj	31240	\$ 3,682.00
Nsl/sinus ndsc rf abltj pnn	31242	\$ 8,454.00
Nsl/sinus ndsc cryoabltj pnn	31243	\$ 8,926.00
Nsl/sins ndsc total	31253	\$ 11,189.00
Nsl/sins ndsc w/prtd ethrmdct	31254	\$ 11,189.00
Nsl/sins ndsc w/tot ethrmdct	31255	\$ 11,189.00
Exploration maxillary sinus	31256	\$ 7,618.00
Nsl/sins ndsc tot w/sphendct	31257	\$ 11,189.00

Name	CPT Code	Proposed Fee
Needle biopsy spinal cord	62269	\$ 3,321.00
Dx Imbr spi pnxr	62270	\$ 1,744.00
Ther spi pnxr drg csf	62272	\$ 1,744.00
Inject epidural patch	62273	\$ 1,744.00
Treat spinal cord lesion	62280	\$ 2,299.00
Treat spinal cord lesion	62281	\$ 2,299.00
Treat spinal canal lesion	62282	\$ 2,299.00
Dcmprn px perq 1/mlt lumbar	62287	\$ 4,365.00
Njx chemonucleolysis Imbr	62292	\$ 4,365.00
Injection into spinal artery	62294	\$ 2,299.00
Njx interlaminar crv/thrc	62320	\$ 1,744.00
Njx interlaminar crv/thrc	62321	\$ 1,744.00
Njx interlaminar Imbr/sac	62322	\$ 2,299.00
Njx interlaminar Imbr/sac	62323	\$ 1,744.00
Njx interlaminar crv/thrc	62324	\$ 2,299.00
Njx interlaminar crv/thrc	62325	\$ 2,299.00
Njx interlaminar Imbr/sac	62326	\$ 2,299.00
Njx interlaminar Imbr/sac	62327	\$ 2,299.00
Dx Imbr spi pnxr w/fluor/ct	62328	\$ 1,744.00
Ther spi pnxr csf fluor/ct	62329	\$ 1,744.00
Implant spinal canal cath	62350	\$ 10,364.00
Remove spinal canal catheter	62355	\$ 4,365.00
Insert spine infusion device	62360	\$ 33,781.00
Implant spine infusion pump	62361	\$ 34,060.00
Implant spine infusion pump	62362	\$ 34,124.00
Remove spine infusion device	62365	\$ 14,650.00
Analyze spine infus pump	62367	\$ 68.00
Analyze sp inf pump w/reprog	62368	\$ 94.00
Anal sp inf pmp w/reprg&fill	62369	\$ 327.00
Anl sp inf pmp w/mndreprg&fil	62370	\$ 287.00
Ndsc dcmprn 1 ntrspc lumbar	62380	\$ 16,498.00
Remove spine lamina 1/2 crvl	63001	\$ 16,498.00
Remove spine lamina 1/2 thrc	63003	\$ 16,498.00
Remove spine lamina 1/2 Imbr	63005	\$ 16,498.00
Neck spine disk surgery	63020	\$ 16,498.00
Low back disk surgery	63030	\$ 16,498.00
Laminotomy single lumbar	63042	\$ 16,498.00
Lam facetec & foramot crv	63045	\$ 16,498.00
Lam facetec & foramot thrc	63046	\$ 16,498.00
Lam facetec & foramot lumbar	63047	\$ 16,498.00
Decompress spinal cord thrc	63055	\$ 16,498.00
Decompress spinal cord Imbr	63056	\$ 16,498.00
Remove spinal cord lesion	63600	\$ 4,365.00
Stimulation of spinal cord	63610	\$ 3,058.00
Implant neuroelectrodes	63650	\$ 12,032.00
Implant neuroelectrodes	63655	\$ 43,712.00
Remove spine eltrd perq aray	63661	\$ 4,365.00
Remove spine eltrd plate	63662	\$ 9,230.00
Revise spine eltrd perq aray	63663	\$ 11,819.00
Revise spine eltrd plate	63664	\$ 25,069.00
Ins/rplc spi npg/rctrv pocket	63685	\$ 61,453.00
Rev/rmv imp sp npg/r dtch cn	63688	\$ 9,230.00
Revision of spinal shunt	63744	\$ 10,210.00
Removal of spinal shunt	63746	\$ 4,365.00
Njx aa&/strd trigeminal nrv	64400	\$ 398.00
Njx aa&/strd gr ocpl nrv	64405	\$ 180.00
Njx aa&/strd vagus nrv	64408	\$ 257.00
Njx aa&/strd brch plxs img	64415	\$ 2,299.00
Njx aa&/strd brch pl nfs img	64416	\$ 2,299.00
Njx aa&/strd ax nerve img	64417	\$ 2,299.00
Njx aa&/strd sprscap nrv	64418	\$ 222.00
Njx aa&/strd ntrcost nrv 1	64420	\$ 1,744.00
Njx aa&/strd ntrcost nrv ea	64421	\$ 2,299.00
Njx aa&/strd ii ih nerves	64425	\$ 359.00
Njx aa&/strd pudendal nerve	64430	\$ 2,299.00
Njx aa&/strd paracr nrv	64435	\$ 249.00
Njx aa&/strd sciatic nrv img	64445	\$ 523.00
Njx aa&/strd sc nrv nfs img	64446	\$ 2,299.00
Njx aa&/strd femoral nrv img	64447	\$ 329.00
Njx aa&/strd fem nrv nfs img	64448	\$ 1,571.00
Njx aa&/strd Imbr plex nfs	64449	\$ 2,299.00
Njx aa&/strd other pn/branch	64450	\$ 230.00
Njx aa&/strd nrv nrvq si jt	64451	\$ 1,744.00
Njx aa&/strd gncrl nrv brmch	64454	\$ 1,744.00
Njx aa&/strd pltr com dg nrv	64455	\$ 112.00
Pvb thoracic single inj site	64461	\$ 1,744.00
Pvb thoracic cont infusion	64463	\$ 1,744.00
Njx aa&/strd tfm epi c/t 1	64479	\$ 2,299.00
Njx aa&/strd tfm epi l/s 1	64483	\$ 2,299.00
inj paravert f nt c/t 1 lev	64490	\$ 2,299.00

Name	CPT Code	Proposed Fee
Mast mod rad	19307	\$ 12,331.00
Suspension of breast	19316	\$ 12,331.00
Breast reduction	19318	\$ 12,331.00
Breast augmentation w/implt	19325	\$ 14,612.00
Rmvl intact breast implant	19328	\$ 7,145.00
Rmvl ruptured breast implant	19330	\$ 7,145.00
Insj breast implt sm d mast	19340	\$ 7,834.00
Insj/rplcmt brst implt sep d	19342	\$ 14,612.00
Breast reconstruction	19350	\$ 7,145.00
Correct inverted nipple(s)	19355	\$ 7,145.00
Tiss xpndr plmt brst rcnstj	19357	\$ 13,147.00
Revj peri-implt capsule brst	19370	\$ 7,145.00
Peri-implt capsle brst compl	19371	\$ 7,145.00
Revj reconstructed breast	19380	\$ 12,331.00
Design custom breast implant	19396	\$ 7,145.00
Explore wound extremity	20103	\$ 3,321.00
Excise epiphyseal bar	20150	\$ 7,386.00
Muscle biopsy superficial	20200	\$ 3,321.00
Deep muscle biopsy	20205	\$ 5,627.00
Biopsy muscle perq needle	20206	\$ 3,321.00
Bone biopsy trocar/ndl supfc	20220	\$ 3,321.00
Bone biopsy trocar/ndl deep	20225	\$ 3,321.00
Bone biopsy open superficial	20240	\$ 5,627.00
Bone biopsy open deep	20245	\$ 5,627.00
Biopsy vrt bdy open thoracic	20250	\$ 7,386.00
Biopsy vrt bdy open lmbr/crv	20251	\$ 16,498.00
Injection of sinus tract	20500	\$ 372.00
Removal of foreign body	20520	\$ 711.00
Removal of foreign body	20525	\$ 5,627.00
Ther injection carp tunnel	20526	\$ 222.00
Insj dupuytren cord w/enzyme	20527	\$ 235.00
Insj tendon sheath/ligament	20550	\$ 144.00
Insj tendon origin/insertion	20551	\$ 144.00
Insj trigger point 1/2 muscl	20552	\$ 136.00
Inject trigger points 3/>	20553	\$ 159.00
Place ndl musc/tis for rt	20555	\$ 7,386.00
Drain/inj joint/bursa w/o us	20600	\$ 141.00
Drain/inj joint/bursa w/us	20604	\$ 243.00
Drain/inj joint/bursa w/o us	20605	\$ 144.00
Drain/inj joint/bursa w/us	20606	\$ 256.00
Drain/inj joint/bursa w/o us	20610	\$ 168.00
Drain/inj joint/bursa w/us	20611	\$ 282.00
Aspirate/inj ganglion cyst	20612	\$ 188.00
Treatment of bone cyst	20615	\$ 813.00
Insert and remove bone pin	20650	\$ 7,386.00
Application halo pelvic	20662	\$ 3,983.00
Application halo femoral	20663	\$ 7,386.00
Rmvl tong/s halo anthr indiv	20665	\$ 1,005.00
Removal implant superficial	20670	\$ 3,321.00
Removal of implant deep	20680	\$ 5,627.00
Appl mltipl uni ext fixj sys	20690	\$ 11,265.00
Appl mltipl uni ext fixj sys	20692	\$ 19,905.00
Adjmt/revj ext fixj sys anes	20693	\$ 16,498.00
Rmvl ext fixj sys under anes	20694	\$ 3,983.00
App mltipl uni xtrnl fix 1st	20696	\$ 29,073.00
App mltipl uni xtrnl fix xch	20697	\$ 3,983.00
Replantation digit complete	20822	\$ 3,983.00
Removal of bone for graft	20900	\$ 12,347.00
Removal of bone for graft	20902	\$ 16,498.00
Remove cartilage for graft	20910	\$ 1,584.00
Remove cartilage for graft	20912	\$ 9,049.00
Removal of fascia for graft	20920	\$ 4,600.00
Removal of fascia for graft	20922	\$ 4,600.00
Removal of tendon for graft	20924	\$ 16,498.00
Fluid pressure muscle	20950	\$ 1,775.00
Bone/skin graft metatarsal	20972	\$ 16,498.00
Bone/skin graft great toe	20973	\$ 16,498.00
Ablate bone tumor(s) perq	20982	\$ 31,608.00
Ablate bone tumor(s) perq	20983	\$ 11,382.00
Incision of jaw joint	21010	\$ 6,413.00
Exc face les sc <2 cm	21011	\$ 1,263.00
Exc face les sbq 2 cm/>	21012	\$ 3,321.00
Exc face turn deep < 2 cm	21013	\$ 1,583.00
Exc face turn deep 2 cm/>	21014	\$ 5,627.00
Resect face/scalp turn < 2 cm	21015	\$ 5,627.00
Resect face/scalp turn 2 cm/>	21016	\$ 5,627.00
Excision of bone lower jaw	21025	\$ 13,424.00
Excision of facial bone(s)	21026	\$ 13,424.00
Contour of face bone lesion	21029	\$ 6,413.00
Excise max/zygoma b9 tumor	21030	\$ 1,357.00

Name	CPT Code	Proposed Fee
Nsl/sins ndsc sphn tiss rmvl	31259	\$ 11,189.00
Endoscopy maxillary sinus	31267	\$ 11,189.00
Nsl/sins ndsc frnt tiss rmvl	31276	\$ 11,189.00
Nasal/sinus endoscopy surg	31287	\$ 11,189.00
Nasal/sinus endoscopy surg	31288	\$ 11,189.00
Nsl/sins ndsc surg max sins	31295	\$ 7,121.00
Nsl/sins ndsc surg frnt sins	31296	\$ 7,527.00
Nsl/sins ndsc surg sphn sins	31297	\$ 7,456.00
Nsl/sins ndsc surg frnt&sphn	31298	\$ 11,189.00
Removal of larynx lesion	31300	\$ 6,413.00
Revision of larynx	31400	\$ 13,424.00
Removal of epiglottitis	31420	\$ 13,424.00
Insert emergency airway	31500	\$ 616.00
Change of windpipe airway	31502	\$ 616.00
Diagnostic laryngoscopy	31505	\$ 325.00
Laryngoscopy with biopsy	31510	\$ 7,618.00
Remove foreign body larynx	31511	\$ 500.00
Removal of larynx lesion	31512	\$ 7,618.00
Injection into vocal cord	31513	\$ 1,030.00
Laryngoscopy for aspiration	31515	\$ 1,030.00
Dx laryngoscopy newborn	31520	\$ 1,030.00
Dx laryngoscopy excl nb	31525	\$ 3,682.00
Dx laryngoscopy w/oper scope	31526	\$ 3,682.00
Laryngoscopy for treatment	31527	\$ 7,618.00
Laryngoscopy and dilation	31528	\$ 7,618.00
Laryngoscopy and dilation	31529	\$ 7,618.00
Laryngoscopy w/fb removal	31530	\$ 3,682.00
Laryngoscopy w/fb & op scope	31531	\$ 7,618.00
Laryngoscopy w/biopsy	31535	\$ 7,618.00
Laryngoscopy w/bx & op scope	31536	\$ 7,618.00
Laryngoscopy w/exc of tumor	31540	\$ 7,618.00
Laryngoscopy w/tumr exc & scope	31541	\$ 7,618.00
Remove vc lesion w/scope	31545	\$ 7,618.00
Remove vc lesion scope/graft	31546	\$ 11,189.00
Laryngoplasty laryngeal sten	31551	\$ 13,424.00
Laryngoplasty laryngeal sten	31552	\$ 13,424.00
Laryngoplasty laryngeal sten	31553	\$ 13,424.00
Laryngoplasty laryngeal sten	31554	\$ 13,424.00
Laryngosc w/larycnoidctom	31560	\$ 11,189.00
Laryngosc remove cart & scop	31561	\$ 11,189.00
Laryngosc w/vc inj	31570	\$ 7,618.00
Laryngosc w/fc inj & scope	31571	\$ 7,618.00
Largsc w/laser dstrj les	31572	\$ 7,618.00
Largsc w/ther injection	31573	\$ 950.00
Largsc w/injx augmentation	31574	\$ 3,682.00
Diagnostic laryngoscopy	31575	\$ 453.00
Laryngoscopy with biopsy	31576	\$ 3,682.00
Largsc w/rmvl foreign bdy(s)	31577	\$ 1,030.00
Largsc w/removal lesion	31578	\$ 7,618.00
Laryngoscopy telescopic	31579	\$ 618.00
Laryngoplasty laryngeal web	31580	\$ 13,424.00
Reinnervate larynx	31590	\$ 13,424.00
Laryngoplasty medialization	31591	\$ 13,424.00
Cricotracheal resection	31592	\$ 13,424.00
Incision of windpipe	31603	\$ 3,242.00
Incision of windpipe	31605	\$ 616.00
Surgery/speech prosthesis	31611	\$ 6,413.00
Puncture/clear windpipe	31612	\$ 6,413.00
Repair windpipe opening	31613	\$ 6,413.00
Repair windpipe opening	31614	\$ 13,424.00
Visualization of windpipe	31615	\$ 1,388.00
Dx bronchoscope/wash	31622	\$ 3,682.00
Dx bronchoscope/brush	31623	\$ 3,682.00
Dx bronchoscope/lavage	31624	\$ 3,682.00
Bronchoscopy w/biopsy(s)	31625	\$ 3,682.00
Bronchoscopy w/markers	31626	\$ 11,189.00
Bronchoscopy/lung bx each	31628	\$ 7,618.00
Bronchoscopy/needle bx each	31629	\$ 7,618.00
Bronchoscopy dilate/fx repr	31630	\$ 7,618.00
Bronchoscopy dilate w/stent	31631	\$ 11,189.00
Bronch w/balloon occlusion	31634	\$ 11,189.00
Bronchoscopy w/fb removal	31635	\$ 3,682.00
Bronchoscopy bronch stents	31636	\$ 7,481.00
Bronchoscopy revise stent	31638	\$ 11,189.00
Bronchoscopy w/tumor excise	31640	\$ 7,618.00
Bronchoscopy treat blockage	31641	\$ 7,618.00
Diag bronchoscope/catheter	31643	\$ 3,682.00
Brnchsc w/ther aspir 1st	31645	\$ 3,682.00
Brnchsc w/ther aspir sbq	31646	\$ 1,030.00
Bronchial valve init insert	31647	\$ 7,047.00

Name	CPT Code	Proposed Fee
Inj paravert f jnt l/s 1 lev	64493	\$ 2,299.00
N block spenopalatine gangl	64505	\$ 427.00
N block stellate ganglion	64510	\$ 2,299.00
N block inj hypogas plxs	64517	\$ 2,299.00
N block lumbar/thoracic	64520	\$ 2,299.00
N block inj celiac pelus	64530	\$ 2,299.00
Implant neuroelectrodes	64553	\$ 27,787.00
Implant neuroelectrodes	64555	\$ 13,653.00
Implant neuroelectrodes	64561	\$ 12,248.00
Neuroeltrd stim post tibial	64566	\$ 456.00
Opn impltj crnl nrv nea&pg	64568	\$ 62,395.00
Revise/repl vagus n eltrd	64569	\$ 29,247.00
Remove vagus n eltrd	64570	\$ 14,650.00
Opn impltj nea perph nerve	64575	\$ 27,583.00
Opn impltj nea neuromuscular	64580	\$ 38,503.00
Opn impltj nea sacral nerve	64581	\$ 13,024.00
Opn mpltj hpglsl nstrm ary pg	64582	\$ 60,415.00
Rev/rplct hpglsl nstrm ary pg	64583	\$ 26,282.00
Rmvl hpglsl nstrm ary pg	64584	\$ 14,650.00
Rev/rmv perph nstrm eltrd ra	64585	\$ 9,230.00
Ins/rpl prph sac/gstr npg/r	64590	\$ 46,172.00
Rev/rmv prph sac/gstr npg/r	64595	\$ 9,230.00
Ins/rplcmt prq eltrd ra pn 1	64596	\$ 22,428.00
Revj/rmvl nea pn w/int nstrm	64598	\$ 9,230.00
Injection treatment of nerve	64600	\$ 2,299.00
Injection treatment of nerve	64605	\$ 4,365.00
Injection treatment of nerve	64610	\$ 4,365.00
Chemodener saliv glands	64611	\$ 418.00
Destroy nerve face muscle	64612	\$ 397.00
Chemodener musc migraine	64615	\$ 350.00
Chemodener musc neck dyston	64616	\$ 346.00
Chemodener muscle larynx emg	64617	\$ 437.00
Injection treatment of nerve	64620	\$ 2,299.00
Dstrj nulyt agt gndlr nrv	64624	\$ 4,365.00
Rf abltj nrv nrvtg si jt	64625	\$ 4,365.00
Trml dstrj ios bvn 1st 2 l/s	64628	\$ 22,848.00
Injection treatment of nerve	64630	\$ 2,299.00
N block inj common digit	64632	\$ 227.00
Destroy cerv/thor facet jnt	64633	\$ 4,365.00
Destroy lumb/sac facet jnt	64635	\$ 4,365.00
Injection treatment of nerve	64640	\$ 853.00
Chemodener v1 extremity 1-4	64642	\$ 416.00
Chemodener v1 extrem 5/> mus	64644	\$ 508.00
Chemodener trunk musc 1-5	64646	\$ 418.00
Chemodener trunk musc 6/>	64647	\$ 461.00
Chemodener eccrine glands	64650	\$ 300.00
Chemodener eccrine glands	64653	\$ 335.00
Injection treatment of nerve	64680	\$ 2,299.00
Injection treatment of nerve	64681	\$ 2,299.00
Revise finger/toe nerve	64702	\$ 4,365.00
Revise hand/foot nerve	64704	\$ 4,365.00
Revise arm/leg nerve	64708	\$ 4,365.00
Revision of sciatic nerve	64712	\$ 4,365.00
Revision of arm nerve(s)	64713	\$ 4,365.00
Revise low back nerve(s)	64714	\$ 4,365.00
Revision of cranial nerve	64716	\$ 2,749.00
Revise ulnar nerve at elbow	64718	\$ 4,365.00
Revise ulnar nerve at wrist	64719	\$ 4,365.00
Carpal tunnel surgery	64721	\$ 4,365.00
Relieve pressure on nerve(s)	64722	\$ 4,365.00
Release foot/toe nerve	64726	\$ 4,365.00
Incision of brow nerve	64732	\$ 4,365.00
Incision of cheek nerve	64734	\$ 4,365.00
Incision of chin nerve	64736	\$ 4,365.00
Incision of jaw nerve	64738	\$ 4,365.00
Incision of tongue nerve	64740	\$ 4,365.00
Incision of facial nerve	64742	\$ 4,365.00
Incise nerve back of head	64744	\$ 4,365.00
Incise diaphragm nerve	64746	\$ 4,365.00
Incise hip/thigh nerve	64763	\$ 4,365.00
Incise hip/thigh nerve	64766	\$ 4,365.00
Sever cranial nerve	64771	\$ 4,365.00
Incision of spinal nerve	64772	\$ 4,365.00
Remove skin nerve lesion	64774	\$ 4,365.00
Remove digit nerve lesion	64776	\$ 4,365.00
Remove limb nerve lesion	64782	\$ 4,365.00
Remove nerve lesion	64784	\$ 4,365.00
Remove sciatic nerve lesion	64786	\$ 14,650.00
Remove skin nerve lesion	64788	\$ 4,365.00
Removal of nerve lesion	64790	\$ 4,365.00

Name	CPT Code	Proposed Fee
Remove exostosis mandible	21031	\$ 1,276.00
Remove exostosis maxilla	21032	\$ 1,216.00
Excise max/zygoma mal tumor	21034	\$ 13,424.00
Excise mandible lesion	21040	\$ 6,413.00
Removal of jaw bone lesion	21044	\$ 13,424.00
Remove mandible cyst complex	21046	\$ 13,424.00
Excise lwr jaw cyst w/repair	21047	\$ 13,424.00
Remove maxilla cyst complex	21048	\$ 13,424.00
Removal of jaw joint	21050	\$ 13,424.00
Remove jaw joint cartilage	21060	\$ 13,424.00
Remove coronoid process	21070	\$ 13,424.00
Mnjp of tmj w/anesth	21073	\$ 1,232.00
Prepare face/oral prosthesis	21076	\$ 1,816.00
Prepare face/oral prosthesis	21077	\$ 4,291.00
Prepare face/oral prosthesis	21079	\$ 3,087.00
Prepare face/oral prosthesis	21080	\$ 3,592.00
Prepare face/oral prosthesis	21081	\$ 3,378.00
Prepare face/oral prosthesis	21082	\$ 3,249.00
Prepare face/oral prosthesis	21083	\$ 3,184.00
Prepare face/oral prosthesis	21084	\$ 3,543.00
Prepare face/oral prosthesis	21085	\$ 616.00
Prepare face/oral prosthesis	21086	\$ 3,215.00
Prepare face/oral prosthesis	21087	\$ 3,215.00
Prepare face/oral prosthesis	21088	\$ 6,413.00
Maxillofacial fixation	21100	\$ 13,424.00
Interdental fixation	21110	\$ 3,097.00
Reconstruction of chin	21120	\$ 13,424.00
Reconstruction of chin	21121	\$ 4,882.00
Reconstruction of chin	21122	\$ 8,454.00
Reconstruction of chin	21123	\$ 6,413.00
Augmentation lower jaw bone	21125	\$ 8,454.00
Augmentation lower jaw bone	21127	\$ 13,424.00
Reduction of forehead	21137	\$ 6,413.00
Reduction of forehead	21138	\$ 13,424.00
Reduction of forehead	21139	\$ 13,424.00
Lefort ii anterior intrusion	21150	\$ 8,454.00
Contour cranial bone lesion	21181	\$ 13,424.00
Reconst lwr jaw w/graft	21194	\$ 13,424.00
Reconst lwr jaw w/o fixation	21195	\$ 8,454.00
Reconst lwr jaw segment	21198	\$ 9,162.00
Reconst lwr jaw w/advance	21199	\$ 13,424.00
Reconstruct upper jaw bone	21206	\$ 13,424.00
Augmentation of facial bones	21208	\$ 5,894.00
Reduction of facial bones	21209	\$ 13,424.00
Face bone graft	21210	\$ 9,467.00
Lower jaw bone graft	21215	\$ 9,169.00
Rib cartilage graft	21230	\$ 13,424.00
Ear cartilage graft	21235	\$ 13,424.00
Reconstruction of jaw joint	21240	\$ 13,424.00
Reconstruction of jaw joint	21242	\$ 13,424.00
Reconstruction of jaw joint	21243	\$ 31,084.00
Reconstruction of lower jaw	21244	\$ 9,174.00
Reconstruction of jaw	21245	\$ 8,454.00
Reconstruction of jaw	21246	\$ 8,454.00
Reconstruction of jaw	21248	\$ 13,424.00
Reconstruction of jaw	21249	\$ 8,400.00
Revise eye sockets	21260	\$ 13,424.00
Revise eye sockets	21267	\$ 11,146.00
Augmentation cheek bone	21270	\$ 10,992.00
Revision orbitofacial bones	21275	\$ 13,424.00
Revision of eyelid	21280	\$ 6,413.00
Revision of eyelid	21282	\$ 6,413.00
Revision of jaw muscle/bone	21295	\$ 3,242.00
Revision of jaw muscle/bone	21296	\$ 6,413.00
Clsd tx nsl fx mnjp wo stblj	21315	\$ 3,242.00
Clsd tx nsl fx w/mnjp&stablj	21320	\$ 6,413.00
Open tx nose fx uncomplicatd	21325	\$ 6,413.00
Open tx nose fx w/skele fixj	21330	\$ 13,424.00
Open tx nose & septal fx	21335	\$ 6,413.00
Open tx septal fx w/wo stabj	21336	\$ 7,386.00
Closed tx septal&nose fx	21337	\$ 6,413.00
Open nasoethmoid fx w/o fixj	21338	\$ 13,424.00
Open nasoethmoid fx w/ fixj	21339	\$ 13,424.00
Perq tx nasoethmoid fx	21340	\$ 6,413.00
Closed tx nose/jaw fx	21345	\$ 3,242.00
Perq tx malar fracture	21355	\$ 4,068.00
Opn tx dprsd zygomatic arch	21356	\$ 13,424.00
Opn tx dprsd malar fracture	21360	\$ 13,424.00
Opn tx complx malar fx	21365	\$ 8,454.00
Opn tx orbit periorbitl implt	21390	\$ 13,424.00

Name	CPT Code	Proposed Fee
Bronchial valve remov init	31648	\$ 7,618.00
Bronchial valve remov addl	31649	\$ 3,682.00
Bronch ebus sampling 1/2 node	31652	\$ 7,618.00
Bronch ebus sampling 3/> node	31653	\$ 7,618.00
Bronchial brush biopsy	31717	\$ 1,030.00
Intro windpipe wire/tube	31730	\$ 3,682.00
Repair of windpipe	31750	\$ 13,424.00
Repair of windpipe	31755	\$ 13,424.00
Closure of windpipe lesion	31820	\$ 6,413.00
Repair of windpipe defect	31825	\$ 6,413.00
Revise windpipe scar	31830	\$ 6,413.00
Needle biopsy chest lining	32400	\$ 3,321.00
Core ndl bx lng/med perq	32408	\$ 3,321.00
Insert pleural cath	32550	\$ 5,155.00
Remove lung catheter	32552	\$ 1,585.00
Ins mark thor for rt perq	32553	\$ 3,495.00
Aspirate pleura w/o imaging	32554	\$ 1,585.00
Aspirate pleura w/ imaging	32555	\$ 1,585.00
Insert cath pleura w/o image	32556	\$ 4,045.00
Insert cath pleura w/ image	32557	\$ 3,011.00
Therapeutic pneumothorax	32960	\$ 1,585.00
Ablate pulm tumor perq crybl	32994	\$ 14,885.00
Ablate pulm tumor perq rf	32998	\$ 13,155.00
Pericardiocentesis w/imaging	33016	\$ 3,011.00
Insert heart pm atrial	33206	\$ 17,550.00
Insert heart pm ventricular	33207	\$ 18,029.00
Insrt heart pm atrial & vent	33208	\$ 18,559.00
Insert electrd/pm cath snlg	33210	\$ 14,011.00
Insert card electrodes dual	33211	\$ 17,581.00
Insert pulse gen snlg lead	33212	\$ 15,345.00
Insert pulse gen dual leads	33213	\$ 18,435.00
Upgrade of pacemaker system	33214	\$ 18,617.00
Reposition pacing-defib lead	33215	\$ 7,527.00
Insert 1 electrode pm-defib	33216	\$ 13,713.00
Insert 2 electrode pm-defib	33217	\$ 13,196.00
Repair lead pace-defib one	33218	\$ 9,905.00
Repair lead pace-defib dual	33220	\$ 6,468.00
Insert pulse gen mult leads	33221	\$ 31,709.00
Relocation pocket pacemaker	33222	\$ 4,600.00
Relocate pocket for defib	33223	\$ 4,600.00
Insert pacing lead & connect	33224	\$ 18,765.00
Reposition I ventric lead	33226	\$ 4,740.00
Remove&replace pm gen singl	33227	\$ 15,300.00
Remv&replc pm gen dual lead	33228	\$ 18,138.00
Remv&replc pm gen mult leads	33229	\$ 31,261.00
Insrt pulse gen w/dual leads	33230	\$ 46,255.00
Insrt pulse gen w/mult leads	33231	\$ 61,177.00
Removal of pm generator	33233	\$ 13,559.00
Removal of pacemaker system	33234	\$ 6,536.00
Removal pacemaker electrode	33235	\$ 9,905.00
Insrt pulse gen w/singl lead	33240	\$ 48,203.00
Remove pulse generator	33241	\$ 9,905.00
Insj/rplcmt defib w/lead(s)	33249	\$ 60,353.00
Rmvl& replc pulse gen 1 lead	33262	\$ 46,513.00
Rmvl & rplcmt dfb gen 2 lead	33263	\$ 46,471.00
Rmvl & rplcmt dfb gen mlt ld	33264	\$ 60,798.00
Ins/rep subq defibrillator	33270	\$ 61,151.00
Insj subq impltbl dfb elctrd	33271	\$ 14,891.00
Repos prev impltbl subq dfb	33273	\$ 9,905.00
Tcat insj/rpl perm ldlis pm	33274	\$ 31,998.00
Tcat rmvl perm ldlis pm w/img	33275	\$ 5,613.00
Insj phrnc nrv stim sys	33276	\$ 98,640.00
Rmvl phrnc nrv stim sys	33278	\$ 9,230.00
Rmvl phrnc nrv stim transvs	33279	\$ 5,812.00
Rmvl phrnc nrv stim pg only	33280	\$ 9,230.00
Reposg phrnc nrv stim trnsvn	33281	\$ 9,230.00
Insj subq car rhythm mntr	33285	\$ 16,773.00
Rmvl subq car rhythm mntr	33286	\$ 1,775.00
Rmv&rplcmt phrnc nrv stim pg	33287	\$ 58,746.00
Rmv&rplcmt phrnc nrv stim ld	33288	\$ 26,671.00
Tcat impl wrls p-art prs snr	33289	\$ 60,035.00
Perq p-art revsc 1 nm nt uni	33900	\$ 14,843.00
Perq p-art revsc 1 nm nt bi	33901	\$ 14,843.00
Perq p-art revsc 1 abnor uni	33902	\$ 24,084.00
Perq p-art revsc 1 abnor bi	33903	\$ 14,843.00
Removal of vein clot	34490	\$ 7,527.00
Repair blood vessel lesion	35188	\$ 14,116.00
Repair blood vessel lesion	35207	\$ 7,527.00
Removal of clot in graft	35875	\$ 14,116.00
Removal of clot in graft	35876	\$ 14,116.00

Name	CPT Code	Proposed Fee
Removal of nerve lesion	64792	\$ 14,650.00
Biopsy of nerve	64795	\$ 4,365.00
Sympathectomy cervical	64802	\$ 2,749.00
Sympathectomy digital artery	64820	\$ 4,365.00
Remove sympathetic nerves	64821	\$ 7,386.00
Remove sympathetic nerves	64822	\$ 7,386.00
Sympathectomy supfc palmar	64823	\$ 7,386.00
Repair of digit nerve	64831	\$ 4,365.00
Repair of hand or foot nerve	64834	\$ 14,650.00
Repair of hand or foot nerve	64835	\$ 14,650.00
Repair of hand or foot nerve	64836	\$ 14,650.00
Repair of leg nerve	64840	\$ 14,650.00
Repair/transpose nerve	64856	\$ 14,650.00
Repair arm/leg nerve	64857	\$ 14,650.00
Repair sciatic nerve	64858	\$ 3,699.00
Repair of arm nerves	64861	\$ 4,365.00
Repair of low back nerves	64862	\$ 14,650.00
Repair of facial nerve	64864	\$ 14,650.00
Repair of facial nerve	64865	\$ 9,225.00
Nerve graft head/neck <4 cm	64885	\$ 10,931.00
Nerve graft head/neck >4 cm	64886	\$ 14,650.00
Nrv grf 1strnd hnd/foot <4cm	64890	\$ 11,142.00
Nrv grf 1strnd hnd/foot >4cm	64891	\$ 9,225.00
Nrv grf 1strnd arm/leg <4cm	64892	\$ 11,223.00
Nrv grf 1strnd arm/leg >4 cm	64893	\$ 11,372.00
Nrv grf mltst hnd/foot <4 cm	64895	\$ 14,650.00
Nrv grf mltst hnd/foot >4 cm	64896	\$ 14,650.00
Nrv grf mltst arm/leg <4 cm	64897	\$ 9,927.00
Nrv grf mltst arm/leg >4 cm	64898	\$ 14,650.00
Nerve pedicle transfer	64905	\$ 14,650.00
Nerve pedicle transfer	64907	\$ 14,650.00
Nerve repair w/allograft	64910	\$ 10,426.00
Nrv rpr w/nrv algrft 1st	64912	\$ 11,134.00
Revise eye	65091	\$ 7,232.00
Revise eye with implant	65093	\$ 7,232.00
Removal of eye	65101	\$ 7,232.00
Remove eye/insert implant	65103	\$ 7,232.00
Remove eye/attach implant	65105	\$ 7,232.00
Removal of eye	65110	\$ 7,232.00
Remove eye/revise socket	65112	\$ 7,232.00
Remove eye/revise socket	65114	\$ 7,232.00
Revise ocular implant	65125	\$ 4,758.00
Insert ocular implant	65130	\$ 7,232.00
Insert ocular implant	65135	\$ 4,669.00
Attach ocular implant	65140	\$ 7,232.00
Revise ocular implant	65150	\$ 7,232.00
Reinsert ocular implant	65155	\$ 7,232.00
Removal of ocular implant	65175	\$ 7,232.00
Remove foreign body from eye	65235	\$ 5,756.00
Remove foreign body from eye	65260	\$ 5,756.00
Remove foreign body from eye	65265	\$ 5,756.00
Repair of eye wound	65270	\$ 4,758.00
Repair of eye wound	65272	\$ 4,758.00
Repair of eye wound	65275	\$ 7,232.00
Repair of eye wound	65280	\$ 12,572.00
Repair of eye wound	65285	\$ 12,572.00
Repair of eye wound	65286	\$ 2,213.00
Repair of eye socket wound	65290	\$ 7,232.00
Removal of eye lesion	65400	\$ 2,554.00
Biopsy of cornea	65410	\$ 4,758.00
Removal of eye lesion	65420	\$ 4,758.00
Removal of eye lesion	65426	\$ 4,758.00
Curette/treat cornea	65435	\$ 238.00
Curette/treat cornea	65436	\$ 1,031.00
Treatment of corneal lesion	65450	\$ 735.00
Revision of cornea	65600	\$ 1,386.00
Corneal transplant	65710	\$ 12,572.00
Corneal transplant	65730	\$ 9,944.00
Corneal transplant	65750	\$ 12,572.00
Corneal transplant	65755	\$ 9,944.00
Corneal trnspl endothelial	65756	\$ 9,944.00
Revise cornea with implant	65770	\$ 26,169.00
Correction of astigmatism	65772	\$ 2,554.00
Correction of astigmatism	65775	\$ 4,758.00
Ocular reconst transplant	65780	\$ 7,232.00
Ocular reconst transplant	65781	\$ 9,312.00
Ocular reconst transplant	65782	\$ 7,232.00
Impltj ntrstrml crnl rng seg	65785	\$ 9,347.00
Drainage of eye	65800	\$ 5,756.00
Drainage of eye	65810	\$ 5,756.00

Name	CPT Code	Proposed Fee
Closed tx orbit w/o manipul]	21400	\$ 1,388.00
Closed tx orbit w/manipul]	21401	\$ 2,045.00
Opn tx orbit fx w/o implant	21406	\$ 13,424.00
Opn tx orbit fx w/implant	21407	\$ 13,424.00
Treat mouth roof fracture	21421	\$ 6,413.00
Treat dental ridge fracture	21440	\$ 3,079.00
Treat dental ridge fracture	21445	\$ 8,485.00
Treat lower jaw fracture	21450	\$ 1,388.00
Treat lower jaw fracture	21451	\$ 3,242.00
Treat lower jaw fracture	21452	\$ 8,539.00
Treat lower jaw fracture	21453	\$ 8,609.00
Treat lower jaw fracture	21454	\$ 8,494.00
Treat lower jaw fracture	21461	\$ 8,509.00
Treat lower jaw fracture	21462	\$ 8,932.00
Treat lower jaw fracture	21465	\$ 13,424.00
Reset dislocated jaw	21480	\$ 595.00
Reset dislocated jaw	21485	\$ 3,242.00
Repair dislocated jaw	21490	\$ 6,413.00
Interdental wiring	21497	\$ 3,242.00
Drain neck/chest lesion	21501	\$ 5,627.00
Drain chest lesion	21502	\$ 7,386.00
Biopsy of neck/chest	21550	\$ 3,321.00
Exc neck les sc 3 cm/>	21552	\$ 5,627.00
Exc neck tum deep 5 cm/>	21554	\$ 5,627.00
Exc neck les sc < 3 cm	21555	\$ 3,321.00
Exc neck tum deep < 5 cm	21556	\$ 5,627.00
Resect neck thorax tumor<5cm	21557	\$ 5,627.00
Resect neck tumor 5 cm/>	21558	\$ 5,627.00
Partial removal of rib	21600	\$ 16,498.00
Partial removal of rib	21610	\$ 7,386.00
Hyoid myotomy & suspension	21685	\$ 8,845.00
Revision of neck muscle	21700	\$ 16,498.00
Revision of neck muscle	21720	\$ 7,386.00
Revision of neck muscle	21725	\$ 1,775.00
Treat sternum fracture	21820	\$ 595.00
Biopsy soft tissue of back	21920	\$ 858.00
Biopsy soft tissue of back	21925	\$ 3,321.00
Exc back les sc < 3 cm	21930	\$ 3,321.00
Exc back les sc 3 cm/>	21931	\$ 3,321.00
Exc back tum deep < 5 cm	21932	\$ 5,627.00
Exc back tum deep 5 cm/>	21933	\$ 5,627.00
Resect back tum < 5 cm	21935	\$ 5,627.00
Resect back tum 5 cm/>	21936	\$ 5,627.00
Remove part lumbar vertebra	22102	\$ 16,498.00
Closed tx vert fx w/o man]	22310	\$ 595.00
Closed tx vert fx w/man]	22315	\$ 7,386.00
Manipulation of spine	22505	\$ 3,983.00
Perq cervicothoracic inject	22510	\$ 7,386.00
Perq lumbosacral injection	22511	\$ 7,386.00
Perq vertebral augmentation	22513	\$ 16,498.00
Perq vertebral augmentation	22514	\$ 16,498.00
Arthr ant ntrbry cervical	22551	\$ 21,553.00
Arthr ant ntrbry min disc crv	22554	\$ 21,114.00
Arthr pst tq Intrspc lumbar	22612	\$ 32,877.00
Tot disc arthrp Intrspc crv	22856	\$ 32,065.00
Insj stabl] dev w/dcmprn	22867	\$ 34,214.00
Insj stabl] dev w/o dcmprn	22869	\$ 25,534.00
Exc abdl tum deep < 5 cm	22900	\$ 5,627.00
Exc abdl tum deep 5 cm/>	22901	\$ 5,627.00
Exc abd les sc < 3 cm	22902	\$ 3,321.00
Exc abd les sc 3 cm/>	22903	\$ 5,627.00
Radical resect abd tumor<5cm	22904	\$ 5,627.00
Rad resect abd tumor 5 cm/>	22905	\$ 5,627.00
Removal of calcium deposits	23000	\$ 5,627.00
Release shoulder joint	23020	\$ 7,386.00
Drain shoulder lesion	23030	\$ 5,627.00
Drain shoulder bursa	23031	\$ 5,627.00
Drain shoulder bone lesion	23035	\$ 3,983.00
Exploratory shoulder surgery	23040	\$ 7,386.00
Exploratory shoulder surgery	23044	\$ 7,386.00
Biopsy shoulder tissues	23065	\$ 673.00
Biopsy shoulder tissues	23066	\$ 5,627.00
Exc shoulder les sc 3 cm/>	23071	\$ 3,321.00
Exc shoulder tum deep 5 cm/>	23073	\$ 5,627.00
Exc shoulder les sc < 3 cm	23075	\$ 3,321.00
Exc shoulder tum deep < 5 cm	23076	\$ 5,627.00
Resect shoulder tumor < 5 cm	23077	\$ 5,627.00
Resect shoulder tumor 5 cm/>	23078	\$ 5,627.00
Biopsy of shoulder joint	23100	\$ 7,386.00
Shoulder joint surgery	23101	\$ 7,386.00

Name	CPT Code	Proposed Fee
Pseudoaneurysm injection trt	36002	\$ 1,585.00
Insertion of infusion pump	36260	\$ 14,116.00
Revision of infusion pump	36261	\$ 6,857.00
Removal of infusion pump	36262	\$ 9,905.00
Transfusion bld/bld compnt	36430	\$ 201.00
Bld push trfj 2 yr/<	36440	\$ 1,095.00
Bld exchange truj newborn	36450	\$ 1,095.00
Bld exchange truj oth thn nb	36455	\$ 1,095.00
Njx noncmpnd sclrsnt 1 vein	36465	\$ 4,600.00
Njx noncmpnd sclrsnt mlt vn	36466	\$ 4,600.00
Njx sclrsnt 1 incmptnt vein	36470	\$ 414.00
Njx sclrsnt mlt incmptnt vn	36471	\$ 678.00
Endovenous mchnchem 1st vein	36473	\$ 5,083.00
Endovenous rf 1st vein	36475	\$ 7,527.00
Endovenous laser 1st vein	36478	\$ 7,527.00
Endoven thm chem adhes 1st	36482	\$ 7,293.00
Apheresis wbc	36511	\$ 3,870.00
Apheresis rbc	36512	\$ 3,870.00
Apheresis platelets	36513	\$ 1,095.00
Apheresis plasma	36514	\$ 3,870.00
Apheresis immunoads slctv	36516	\$ 8,319.00
Photopheresis	36522	\$ 11,673.00
Insert non-tunnel cv cath	36555	\$ 7,527.00
Insert non-tunnel cv cath	36556	\$ 7,527.00
Insert tunneled cv cath	36557	\$ 14,116.00
Insert tunneled cv cath	36558	\$ 7,527.00
Insert tunneled cv cath	36560	\$ 7,527.00
Insert tunneled cv cath	36561	\$ 7,527.00
Insert tunneled cv cath	36563	\$ 11,776.00
Insert tunneled cv cath	36565	\$ 7,527.00
Insert tunneled cv cath	36566	\$ 14,116.00
Insj picc <5 yr w/o imaging	36568	\$ 1,889.00
Insj picc 5 yr+ w/o imaging	36569	\$ 3,011.00
Insert picvad cath	36570	\$ 4,740.00
Insert picvad cath	36571	\$ 7,527.00
Insj picc rs&i <5 yr	36572	\$ 1,585.00
Insj picc rs&i 5 yr+	36573	\$ 3,011.00
Repair tunneled cv cath	36575	\$ 1,585.00
Repair tunneled cv cath	36576	\$ 3,011.00
Replace tunneled cv cath	36578	\$ 4,824.00
Replace cvad cath	36580	\$ 3,011.00
Replace tunneled cv cath	36581	\$ 4,724.00
Replace tunneled cv cath	36582	\$ 7,527.00
Replace tunneled cv cath	36583	\$ 12,146.00
Compl rplcm cath rs&i	36584	\$ 3,011.00
Replace picvad cath	36585	\$ 7,527.00
Removal tunneled cv cath	36589	\$ 1,585.00
Removal tunneled cv cath	36590	\$ 3,011.00
Declot vascular device	36593	\$ 165.00
Mech remov tunneled cv cath	36595	\$ 4,739.00
Mech remov tunneled cv cath	36596	\$ 3,011.00
Reposition venous catheter	36597	\$ 3,011.00
Inj w/fluor eval cv device	36598	\$ 444.00
Insertion catheter artery	36640	\$ 7,527.00
Insertion of cannula	36800	\$ 14,116.00
Insertion of cannula	36810	\$ 4,761.00
Insertion of cannula	36815	\$ 14,116.00
Av fuse uppr arm cephalic	36818	\$ 14,116.00
Av fuse uppr arm basilic	36819	\$ 14,116.00
Av fusion/f forearm vein	36820	\$ 14,116.00
Av fusion direct any site	36821	\$ 7,527.00
Artery-vein autograft	36825	\$ 14,116.00
Artery-vein nonautograft	36830	\$ 14,116.00
Open thrombect av fistula	36831	\$ 14,116.00
Av fistula revision open	36832	\$ 14,116.00
Av fistula revision	36833	\$ 14,116.00
Artery to vein shunt	36835	\$ 5,343.00
Prq av fstl crtj uxt 1 acs	36836	\$ 25,387.00
Prq av fstl crt uxt sep acs	36837	\$ 27,901.00
External cannula declothing	36860	\$ 3,011.00
Cannula declothing	36861	\$ 9,918.00
Intro cath dialysis circuit	36901	\$ 2,739.00
Intro cath dialysis circuit	36902	\$ 12,283.00
Intro cath dialysis circuit	36903	\$ 16,840.00
Thrmbr/nfs dialysis circuit	36904	\$ 7,832.00
Thrmbr/nfs dialysis circuit	36905	\$ 14,838.00
Thrmbr/nfs dialysis circuit	36906	\$ 27,427.00
Prim art m-thrmbr 1st vsl	37184	\$ 24,582.00
Venous mech thrombectomy	37187	\$ 17,661.00
Ven mechnl thrmbr repeat tx	37188	\$ 6,238.00

Name	CPT Code	Proposed Fee
Drainage of eye	65815	\$ 5,756.00
Relieve inner eye pressure	65820	\$ 9,944.00
Incision of eye	65850	\$ 5,756.00
Trabeculoplasty laser surg	65855	\$ 659.00
Incise inner eye adhesions	65860	\$ 858.00
Incise inner eye adhesions	65865	\$ 5,756.00
Incise inner eye adhesions	65870	\$ 5,756.00
Incise inner eye adhesions	65875	\$ 5,756.00
Incise inner eye adhesions	65880	\$ 9,944.00
Remove eye lesion	65900	\$ 5,756.00
Remove implant of eye	65920	\$ 5,756.00
Remove blood clot from eye	65930	\$ 5,756.00
Injection treatment of eye	66020	\$ 5,756.00
Injection treatment of eye	66030	\$ 5,756.00
Remove eye lesion	66130	\$ 4,758.00
Glaucoma surgery	66150	\$ 9,944.00
Glaucoma surgery	66155	\$ 6,848.00
Glaucoma surgery	66160	\$ 5,756.00
Glaucoma surgery	66170	\$ 5,756.00
Incision of eye	66172	\$ 5,756.00
Trluml dil aq o/f can w/o st	66174	\$ 9,944.00
Trluml dil aq o/f can w/st	66175	\$ 8,658.00
Aqueous shunt eye w/o graft	66179	\$ 7,929.00
Aqueous shunt eye w/graft	66180	\$ 6,384.00
Insert ant drainage device	66183	\$ 7,100.00
Revision of aqueous shunt	66184	\$ 5,756.00
Revise aqueous shunt eye	66185	\$ 5,756.00
Repair/graft eye lesion	66225	\$ 7,917.00
Follow-up surgery of eye	66250	\$ 4,758.00
Incision of iris	66500	\$ 5,756.00
Incision of iris	66505	\$ 5,756.00
Remove iris and lesion	66600	\$ 9,944.00
Removal of iris	66605	\$ 5,756.00
Removal of iris	66625	\$ 5,756.00
Removal of iris	66630	\$ 5,756.00
Removal of iris	66635	\$ 5,756.00
Repair iris & ciliary body	66680	\$ 5,756.00
Repair iris & ciliary body	66682	\$ 5,756.00
Destruction ciliary body	66700	\$ 5,756.00
Ciliary transleral therapy	66710	\$ 4,758.00
Ecp ciliary body destruction	66711	\$ 5,756.00
Destruction ciliary body	66720	\$ 4,758.00
Destruction ciliary body	66740	\$ 4,758.00
Revision of iris	66761	\$ 921.00
Revision of iris	66762	\$ 1,370.00
Removal of inner eye lesion	66770	\$ 1,466.00
Incision secondary cataract	66820	\$ 5,756.00
After cataract laser surgery	66821	\$ 1,466.00
Reposition intraocular lens	66825	\$ 5,756.00
Removal of lens lesion	66830	\$ 5,756.00
Removal of lens material	66840	\$ 5,756.00
Removal of lens material	66850	\$ 5,756.00
Removal of lens material	66852	\$ 9,944.00
Extraction of lens	66920	\$ 5,756.00
Extraction of lens	66930	\$ 9,944.00
Extraction of lens	66940	\$ 5,756.00
Xcapsl ctrc rmvl cplx wo ecp	66982	\$ 5,756.00
Cataract surg w/iol 1 stage	66983	\$ 5,756.00
Xcapsl ctrc rmvl w/o ecp	66984	\$ 5,756.00
Insert lens prosthesis	66985	\$ 5,756.00
Exchange lens prosthesis	66986	\$ 5,756.00
Xcapsl ctrc rmvl cplx w/ecp	66987	\$ 9,944.00
Xcapsl ctrc rmvl w/ecp	66988	\$ 9,944.00
Xcpsl ctrc rmvl cplx insj 1+	66989	\$ 8,911.00
Xcapsl ctrc rmvl insj 1+	66991	\$ 9,076.00
Partial removal of eye fluid	67005	\$ 5,756.00
Partial removal of eye fluid	67010	\$ 5,756.00
Release of eye fluid	67015	\$ 5,756.00
Replace eye fluid	67025	\$ 5,756.00
Implant eye drug system	67027	\$ 9,823.00
Injection eye drug	67028	\$ 295.00
Incise inner eye strands	67030	\$ 5,756.00
Laser surgery eye strands	67031	\$ 1,466.00
Removal of inner eye fluid	67036	\$ 9,944.00
Laser treatment of retina	67039	\$ 9,944.00
Laser treatment of retina	67040	\$ 9,944.00
Vit for macular pucker	67041	\$ 9,944.00
Vit for macular hole	67042	\$ 9,944.00
Vit for membrane dissect	67043	\$ 9,944.00
Repair detached retina crtx	67101	\$ 1,008.00

Name	CPT Code	Proposed Fee
Remove shoulder joint lining	23105	\$ 16,498.00
Incision of collarbone joint	23106	\$ 7,386.00
Explore treat shoulder joint	23107	\$ 16,498.00
Partial removal collar bone	23120	\$ 7,386.00
Removal of collar bone	23125	\$ 7,386.00
Remove shoulder bone part	23130	\$ 7,386.00
Removal of bone lesion	23140	\$ 7,386.00
Removal of bone lesion	23145	\$ 7,386.00
Removal of bone lesion	23146	\$ 16,498.00
Removal of humerus lesion	23150	\$ 7,386.00
Removal of humerus lesion	23155	\$ 16,498.00
Removal of humerus lesion	23156	\$ 16,498.00
Remove collar bone lesion	23170	\$ 5,070.00
Remove shoulder blade lesion	23172	\$ 7,386.00
Remove humerus lesion	23174	\$ 16,498.00
Remove collar bone lesion	23180	\$ 16,498.00
Remove shoulder blade lesion	23182	\$ 16,498.00
Remove humerus lesion	23184	\$ 16,498.00
Partial removal of scapula	23190	\$ 7,386.00
Removal of head of humerus	23195	\$ 10,389.00
Remove shoulder foreign body	23330	\$ 3,321.00
Remove shoulder fb deep	23333	\$ 5,627.00
Shoulder prosthesis removal	23334	\$ 5,627.00
Muscle transfer shoulder/arm	23395	\$ 10,326.00
Muscle transfers	23397	\$ 16,498.00
Fixation of shoulder blade	23400	\$ 16,498.00
Incision of tendon & muscle	23405	\$ 16,498.00
Incise tendon(s) & muscle(s)	23406	\$ 16,498.00
Repair rotator cuff acute	23410	\$ 16,498.00
Repair rotator cuff chronic	23412	\$ 16,498.00
Release of shoulder ligament	23415	\$ 16,498.00
Repair of shoulder	23420	\$ 16,498.00
Repair biceps tendon	23430	\$ 10,792.00
Remove/transplant tendon	23440	\$ 11,847.00
Repair shoulder capsule	23450	\$ 16,498.00
Repair shoulder capsule	23455	\$ 16,498.00
Repair shoulder capsule	23460	\$ 10,389.00
Repair shoulder capsule	23462	\$ 16,498.00
Repair shoulder capsule	23465	\$ 16,498.00
Repair shoulder capsule	23466	\$ 16,498.00
Reconstruct shoulder joint	23470	\$ 22,614.00
Reconstruct shoulder joint	23472	\$ 34,021.00
Revision of collar bone	23480	\$ 16,498.00
Revision of collar bone	23485	\$ 20,849.00
Reinforce clavicle	23490	\$ 16,498.00
Reinforce shoulder bones	23491	\$ 21,684.00
Ctx clavicular fx w/o mnpj	23500	\$ 595.00
Ctx clavicular fx w/mnpj	23505	\$ 3,983.00
Optx clavicular fx w/int fix	23515	\$ 10,845.00
Ctx strndclav dislc w/o mnpj	23520	\$ 3,983.00
Ctx strndclav dislc w/mnpj	23525	\$ 595.00
Optx strndclav dislc aqt/chrn	23530	\$ 16,498.00
Optx strclv dislc aq/chrn grf	23532	\$ 16,498.00
Ctx acromclav dislc wo mnpj	23540	\$ 595.00
Ctx acromclav dislc w/mnpj	23545	\$ 595.00
Optx acromclv dislc aqt/chrn	23550	\$ 10,752.00
Optx acrvl dislc aq/chm grf	23552	\$ 11,281.00
Ctx scapular fx w/o mnpj	23570	\$ 595.00
Ctx scap fx w/mnpj +tract	23575	\$ 3,983.00
Optx scapular fx w/int fixj	23585	\$ 10,914.00
Ctx prox humrl fx w/o mnpj	23600	\$ 595.00
Ctx prx hmrl fx mnpj+tract	23605	\$ 3,983.00
Optx prox humrl fx w/int fix	23615	\$ 21,549.00
Optx prx hmrl fx fix rpr rpl	23616	\$ 31,956.00
Ctx gr hmrl thrs fx wo mnpj	23620	\$ 595.00
Ctx gr hmrl thrs fx w/mnpj	23625	\$ 3,983.00
Optx gr hmrl thrs fx int fix	23630	\$ 10,328.00
Ctx sho dislc w/mnpj wo anes	23650	\$ 595.00
Ctx sho dislc w/mnpj w/anes	23655	\$ 3,983.00
Optx acute shoulder dislc	23660	\$ 16,498.00
Ctx sho dislc fx gr hmrl thr	23665	\$ 3,983.00
Optx sho dislc fx	23670	\$ 10,403.00
Ctx sho dislc neck fx mnpj	23675	\$ 3,983.00
Optx sho dislc neck fx fix	23680	\$ 20,840.00
Mnpj anes sho jt fixj aprats	23700	\$ 3,983.00
Arthrodesis glenohumeral jt	23800	\$ 16,498.00
Arthrld glenohumeral jt w/grf	23802	\$ 31,608.00
Disarticulation sho sec clsr	23921	\$ 4,600.00
I&d upr a/e dp abscl/hmtma	23930	\$ 5,627.00
I&d upr a/e bursa	23931	\$ 3,321.00

Name	CPT Code	Proposed Fee
Redo endovas vena cava filtr	37192	\$ 4,714.00
Rem endovas vena cava filter	37193	\$ 7,527.00
Remove intrvas foreign body	37197	\$ 4,824.00
Transcatheter biopsy	37200	\$ 14,116.00
Thrombolytic art therapy	37211	\$ 8,889.00
Thrombolytic venous therapy	37212	\$ 4,773.00
Iliac revasc	37220	\$ 7,957.00
Iliac revasc w/stent	37221	\$ 16,454.00
Fem/popl revasc w/tla	37224	\$ 8,389.00
Fem/popl revas w/ather	37225	\$ 28,415.00
Fem/popl revasc w/stent	37226	\$ 17,078.00
Fem/popl revasc stnt & ather	37227	\$ 28,845.00
Tib/per revasc w/tla	37228	\$ 15,390.00
Tib/per revasc w/ather	37229	\$ 26,960.00
Tib/per revasc w/stent	37230	\$ 26,085.00
Tib/per revasc stent & ather	37231	\$ 29,108.00
Open/perq place stent 1st	37236	\$ 16,074.00
Open/perq place stent same	37238	\$ 16,278.00
Vasc embolize/occlude venous	37241	\$ 14,843.00
Vasc embolize/occlude artery	37242	\$ 27,421.00
Vasc embolize/occlude organ	37243	\$ 23,571.00
Trluml balo angiop 1st art	37246	\$ 7,970.00
Trluml balo angiop 1st vein	37248	\$ 12,283.00
Endoscopy ligate perf veins	37500	\$ 14,116.00
Ligation of a-v fistula	37607	\$ 7,527.00
Temporal artery procedure	37609	\$ 3,321.00
Revision of major vein	37650	\$ 7,527.00
Revise leg vein	37700	\$ 7,527.00
Ligate/strip short leg vein	37718	\$ 7,527.00
Ligate/strip long leg vein	37722	\$ 7,527.00
Removal of leg veins/lesion	37735	\$ 7,527.00
Ligate leg veins radical	37760	\$ 7,527.00
Ligate leg veins open	37761	\$ 7,527.00
Stab phleb veins xtr 10-20	37765	\$ 1,078.00
Phleb veins - extrem 20+	37766	\$ 1,199.00
Revision of leg vein	37780	\$ 7,527.00
Ligate/divide/excise vein	37785	\$ 7,527.00
Penile venous occlusion	37790	\$ 7,907.00
Harvest auto stem cells	38206	\$ 3,870.00
Dx bone marrow aspirations	38220	\$ 554.00
Dx bone marrow biopsies	38221	\$ 567.00
Dx bone marrow bx & aspir	38222	\$ 5,627.00
Bone marrow harvest allogene	38230	\$ 3,870.00
Bone marrow harvest autolog	38232	\$ 11,673.00
Transplt autol hct/donor	38241	\$ 3,870.00
Transplt allo lymphocytes	38242	\$ 3,870.00
Transplj hematopoietic boost	38243	\$ 3,870.00
Drainage lymph node lesion	38300	\$ 5,627.00
Drainage lymph node lesion	38305	\$ 5,627.00
Incision of lymph channels	38308	\$ 7,145.00
Biopsy/removal lymph nodes	38500	\$ 7,145.00
Needle biopsy lymph nodes	38505	\$ 3,321.00
Biopsy/removal lymph nodes	38510	\$ 7,145.00
Biopsy/removal lymph nodes	38520	\$ 7,145.00
Biopsy/removal lymph nodes	38525	\$ 7,145.00
Biopsy/removal lymph nodes	38530	\$ 7,145.00
Open bx/exc inguinofem nodes	38531	\$ 7,145.00
Explore deep node(s) neck	38542	\$ 13,155.00
Removal neck/ampit lesion	38550	\$ 7,145.00
Removal neck/ampit lesion	38555	\$ 12,331.00
Laparoscopy lymph node biop	38570	\$ 13,155.00
Laparoscopy lymphadenectomy	38571	\$ 22,079.00
Laparoscopy lymphadenectomy	38572	\$ 22,079.00
Laps pelvic lymphadec	38573	\$ 22,079.00
Removal of lymph nodes neck	38700	\$ 12,331.00
Remove armpit lymph nodes	38740	\$ 13,155.00
Remove armpit lymph nodes	38745	\$ 13,155.00
Remove groin lymph nodes	38760	\$ 12,331.00
Biopsy of lip	40490	\$ 377.00
Partial excision of lip	40500	\$ 6,413.00
Partial excision of lip	40510	\$ 6,413.00
Partial excision of lip	40520	\$ 6,413.00
Reconstruct lip with flap	40525	\$ 6,413.00
Reconstruct lip with flap	40527	\$ 13,424.00
Partial removal of lip	40530	\$ 6,413.00
Rpr lip fth vermilion only	40650	\$ 1,388.00
Rpr lip fth<half ver height	40652	\$ 1,388.00
Rpr lip fth>half ver ht/cpx	40654	\$ 3,242.00
Repair cleft lip/nasal	40700	\$ 13,424.00
Repair cleft lip/nasal	40701	\$ 13,424.00

Name	CPT Code	Proposed Fee
Repair detached retina pc	67105	\$ 840.00
Repair detached retina	67107	\$ 9,944.00
Repair detached retina	67108	\$ 9,944.00
Repair detached retina	67110	\$ 2,503.00
Repair retinal detach cplx	67113	\$ 12,572.00
Release encircling material	67115	\$ 9,944.00
Remove eye implant material	67120	\$ 5,756.00
Remove eye implant material	67121	\$ 5,756.00
Proph rta dtchmnt crtx dthrm	67141	\$ 735.00
Proph rta dtchmnt pc	67145	\$ 733.00
Treatment of retinal lesion	67208	\$ 735.00
Treatment of retinal lesion	67210	\$ 1,373.00
Treatment of retinal lesion	67218	\$ 7,232.00
Treatment of choroid lesion	67220	\$ 1,447.00
Ocular photodynamic ther	67221	\$ 707.00
Dstrj extensive retinopathy	67227	\$ 814.00
Treatment x10sv retinopathy	67228	\$ 869.00
Tr retinal les pretem inf	67229	\$ 1,466.00
Reinforce eye wall	67250	\$ 4,758.00
Reinforce/graft eye wall	67255	\$ 9,944.00
Revise eye muscle	67311	\$ 4,758.00
Revise two eye muscles	67312	\$ 7,232.00
Revise eye muscle	67314	\$ 4,758.00
Revise two eye muscles	67316	\$ 4,758.00
Revise eye muscle(s)	67318	\$ 4,758.00
Release eye tissue	67343	\$ 4,758.00
Destroy nerve of eye muscle	67345	\$ 617.00
Biopsy eye muscle	67346	\$ 7,232.00
Explore/biopsy eye socket	67400	\$ 7,232.00
Explore/drain eye socket	67405	\$ 4,758.00
Explore/treat eye socket	67412	\$ 4,758.00
Explore/treat eye socket	67413	\$ 4,758.00
Explr/decompress eye socket	67414	\$ 7,232.00
Aspiration orbital contents	67415	\$ 4,758.00
Explore/treat eye socket	67420	\$ 7,232.00
Explore/treat eye socket	67430	\$ 7,232.00
Explore/drain eye socket	67440	\$ 4,554.00
Explr/decompress eye socket	67445	\$ 7,232.00
Explore/biopsy eye socket	67450	\$ 7,232.00
Inject/treat eye socket	67500	\$ 167.00
Inject/treat eye socket	67505	\$ 209.00
Inject/treat eye socket	67515	\$ 117.00
Sprchoroidal spc nix rx agt	67516	\$ 312.00
Insert eye socket implant	67550	\$ 7,232.00
Revise eye socket implant	67560	\$ 7,232.00
Decompress optic nerve	67570	\$ 7,232.00
Drainage of eyelid abscess	67700	\$ 735.00
Incision of eyelid	67710	\$ 986.00
Incision of eyelid fold	67715	\$ 4,758.00
Remove eyelid lesion	67800	\$ 379.00
Remove eyelid lesions	67801	\$ 456.00
Remove eyelid lesions	67805	\$ 591.00
Remove eyelid lesion(s)	67808	\$ 4,758.00
Biopsy eyelid & lid margin	67810	\$ 682.00
Revise eyelashes	67825	\$ 403.00
Revise eyelashes	67830	\$ 2,554.00
Revise eyelashes	67835	\$ 4,758.00
Remove eyelid lesion	67840	\$ 989.00
Dstrj lesion lid margin <1cm	67850	\$ 740.00
Closure of eyelid by suture	67875	\$ 2,554.00
Revision of eyelid	67880	\$ 4,758.00
Revision of eyelid	67882	\$ 4,758.00
Repair brow defect	67900	\$ 4,758.00
Repair eyelid defect	67901	\$ 4,758.00
Repair eyelid defect	67902	\$ 7,232.00
Repair eyelid defect	67903	\$ 4,758.00
Repair eyelid defect	67904	\$ 4,758.00
Repair eyelid defect	67906	\$ 7,232.00
Repair eyelid defect	67908	\$ 4,758.00
Revise eyelid defect	67909	\$ 4,758.00
Revise eyelid defect	67911	\$ 4,758.00
Correction eyelid w/implant	67912	\$ 4,758.00
Repair eyelid defect	67914	\$ 4,758.00
Repair eyelid defect	67915	\$ 1,179.00
Repair eyelid defect	67916	\$ 4,758.00
Repair eyelid defect	67917	\$ 4,758.00
Repair eyelid defect	67921	\$ 4,758.00
Repair eyelid defect	67922	\$ 1,135.00
Repair eyelid defect	67923	\$ 4,758.00
Repair eyelid defect	67924	\$ 4,758.00

Name	CPT Code	Proposed Fee
Inc dp opn b1 crtx hum/elbw	23935	\$ 7,386.00
Arthrt elbow expl drg/rmvl fb	24000	\$ 7,386.00
Arthrt elbow capsul exc rls	24006	\$ 7,386.00
Biopsy arm/elbow soft tissue	24065	\$ 869.00
Biopsy arm/elbow soft tissue	24066	\$ 5,627.00
Exc arm/elbow les sc 3 cm/>	24071	\$ 5,627.00
Ex arm/elbow tum deep 5 cm/>	24073	\$ 5,627.00
Exc arm/elbow les sc <3 cm	24075	\$ 3,321.00
Ex arm/elbow tum deep <5 cm	24076	\$ 5,627.00
Rad rescj tum tiss a/e <5cm	24077	\$ 5,627.00
Rad rescj tum tiss a/e 5 cm+	24079	\$ 5,627.00
Arthrt elbow synovial bx only	24100	\$ 7,386.00
Arthrt elbow jt expl bx rmvl	24101	\$ 7,386.00
Arthrt elbow w/synovectomy	24102	\$ 7,386.00
Excision olecranon bursa	24105	\$ 7,386.00
Exc/curtg b1 cst/b9 tum hum	24110	\$ 7,386.00
Exc/crtg b1 cst/tum hum agrf	24115	\$ 16,498.00
Exc/crtg b1 cst/tum hum algr	24116	\$ 10,389.00
Exc/crtg b1 cst/b9 tum rds	24120	\$ 7,386.00
Exc/crtg b1 cst/tum rds agrf	24125	\$ 7,386.00
Exc/crtg b1 cst/tum rds algr	24126	\$ 12,653.00
Excision radial head	24130	\$ 7,386.00
Sequestrectomy shift/dstl hum	24134	\$ 16,498.00
Sequestrectomy radial h/n	24136	\$ 7,386.00
Sequestrectomy olecrn proces	24138	\$ 16,498.00
Partial exc bone humerus	24140	\$ 7,386.00
Prtl exc bone radial h/n	24145	\$ 16,498.00
Prtl exc bone olecrn process	24147	\$ 7,386.00
Radical resection of elbow	24149	\$ 16,498.00
Rad resection tum radial h/n	24152	\$ 10,966.00
Resection of elbow joint	24155	\$ 7,386.00
Rmvl prosthumr&ulnar cmpt	24160	\$ 7,386.00
Removal prosth radial head	24164	\$ 7,386.00
Rmvl fb upper arm/elbw subq	24200	\$ 730.00
Rmvl fb upper arm/elbw deep	24201	\$ 5,627.00
Mnpj elbow under anes	24300	\$ 3,983.00
Musc/tdn transfer upr a/e 1	24301	\$ 16,498.00
Tendon lngth upr a/e ea tdn	24305	\$ 7,386.00
Tnot opn elbow to sho ea tdn	24310	\$ 7,386.00
Tenoplasty elbow to sho 1	24320	\$ 16,498.00
Flexor-plasty elbow	24330	\$ 16,498.00
Flexor-plasty elbow w/advmnt	24331	\$ 16,498.00
Tenolysis triceps	24332	\$ 7,386.00
Tenodesis biceps tdn at elbw	24340	\$ 16,498.00
Rpr tdn/musc upr a/e each	24341	\$ 16,498.00
Repair of ruptured tendon	24342	\$ 16,498.00
Repr elbow lat ligmnt w/tiss	24343	\$ 7,386.00
Reconstruct elbow lat ligmnt	24344	\$ 16,498.00
Repr elbw med ligmnt w/tissu	24345	\$ 16,498.00
Reconstruct elbow med ligmnt	24346	\$ 31,608.00
Repair elbow perc	24357	\$ 7,386.00
Repair elbow w/deb open	24358	\$ 7,386.00
Repair elbow deb/atch open	24359	\$ 7,386.00
Reconstruct elbow joint	24360	\$ 13,428.00
Reconstruct elbow joint	24361	\$ 33,453.00
Reconstruct elbow joint	24362	\$ 21,977.00
Replace elbow joint	24363	\$ 33,198.00
Reconstruct head of radius	24365	\$ 23,332.00
Reconstruct head of radius	24366	\$ 23,292.00
Revise recon elbow joint	24370	\$ 20,975.00
Revise recon elbow joint	24371	\$ 30,210.00
Revision of humerus	24400	\$ 16,498.00
Revision of humerus	24410	\$ 31,608.00
Revision of humerus	24420	\$ 16,498.00
Repair of humerus	24430	\$ 21,087.00
Repair humerus with graft	24435	\$ 20,897.00
Revision of elbow joint	24470	\$ 7,386.00
Decompression of forearm	24495	\$ 16,498.00
Reinforce humerus	24498	\$ 21,174.00
Treat humerus fracture	24500	\$ 595.00
Treat humerus fracture	24505	\$ 3,983.00
Treat humerus fracture	24515	\$ 20,559.00
Treat humerus fracture	24516	\$ 20,912.00
Treat humerus fracture	24530	\$ 595.00
Treat humerus fracture	24535	\$ 3,983.00
Treat humerus fracture	24538	\$ 16,498.00
Treat humerus fracture	24545	\$ 21,591.00
Treat humerus fracture	24546	\$ 22,010.00
Treat humerus fracture	24560	\$ 595.00
Treat humerus fracture	24565	\$ 3,983.00

Name	CPT Code	Proposed Fee
Repair cleft lip/nasal	40702	\$ 13,424.00
Repair cleft lip/nasal	40720	\$ 6,413.00
Repair cleft lip/nasal	40761	\$ 13,424.00
Drainage of mouth lesion	40800	\$ 764.00
Drainage of mouth lesion	40801	\$ 1,388.00
Removal foreign body mouth	40805	\$ 890.00
Incision of lip fold	40806	\$ 427.00
Biopsy of mouth lesion	40808	\$ 635.00
Excision of mouth lesion	40810	\$ 809.00
Excise/repair mouth lesion	40812	\$ 923.00
Excise/repair mouth lesion	40814	\$ 6,413.00
Excision of mouth lesion	40816	\$ 6,413.00
Excise oral mucosa for graft	40818	\$ 1,388.00
Excise lip or cheek fold	40819	\$ 3,242.00
Treatment of mouth lesion	40820	\$ 1,021.00
Repair mouth laceration	40830	\$ 616.00
Repair mouth laceration	40831	\$ 1,388.00
Reconstruction of mouth	40840	\$ 13,424.00
Reconstruction of mouth	40842	\$ 13,424.00
Reconstruction of mouth	40843	\$ 13,424.00
Reconstruction of mouth	40844	\$ 13,424.00
Reconstruction of mouth	40845	\$ 13,424.00
Drainage of mouth lesion	41000	\$ 465.00
Drainage of mouth lesion	41005	\$ 616.00
Drainage of mouth lesion	41006	\$ 3,242.00
Drainage of mouth lesion	41007	\$ 3,242.00
Drainage of mouth lesion	41008	\$ 6,413.00
Drainage of mouth lesion	41009	\$ 1,388.00
Incision of tongue fold	41010	\$ 3,242.00
Drainage of mouth lesion	41015	\$ 1,388.00
Drainage of mouth lesion	41016	\$ 13,424.00
Drainage of mouth lesion	41017	\$ 6,413.00
Drainage of mouth lesion	41018	\$ 3,242.00
Place needles h&n for rt	41019	\$ 13,424.00
Biopsy of tongue	41100	\$ 654.00
Biopsy of tongue	41105	\$ 649.00
Biopsy of floor of mouth	41108	\$ 618.00
Excision of tongue lesion	41110	\$ 834.00
Excision of tongue lesion	41112	\$ 6,413.00
Excision of tongue lesion	41113	\$ 6,413.00
Excision of tongue lesion	41114	\$ 6,413.00
Excision of tongue fold	41115	\$ 944.00
Excision of mouth lesion	41116	\$ 6,413.00
Partial removal of tongue	41120	\$ 13,424.00
Repair tongue laceration	41251	\$ 616.00
Repair tongue laceration	41252	\$ 616.00
Tongue to lip surgery	41510	\$ 6,413.00
Tongue suspension	41512	\$ 8,454.00
Reconstruction tongue fold	41520	\$ 6,413.00
Tongue base vol reduction	41530	\$ 3,778.00
Removal foreign body gum	41805	\$ 1,253.00
Removal foreign body jawbone	41806	\$ 1,483.00
Excision gum each quadrant	41820	\$ 6,413.00
Excision of gum flap	41821	\$ 3,242.00
Excision of gum lesion	41822	\$ 1,268.00
Excision of gum lesion	41823	\$ 1,862.00
Excision of gum lesion	41825	\$ 821.00
Excision of gum lesion	41826	\$ 1,021.00
Excision of gum lesion	41827	\$ 13,424.00
Excision of gum lesion	41828	\$ 1,119.00
Removal of gum tissue	41830	\$ 1,624.00
Treatment of gum lesion	41850	\$ 3,242.00
Gum graft	41870	\$ 3,242.00
Repair gum	41872	\$ 1,724.00
Repair tooth socket	41874	\$ 1,293.00
Drainage mouth roof lesion	42000	\$ 616.00
Biopsy roof of mouth	42100	\$ 465.00
Excision lesion mouth roof	42104	\$ 751.00
Excision lesion mouth roof	42106	\$ 834.00
Excision lesion mouth roof	42107	\$ 13,424.00
Remove palate/lesion	42120	\$ 13,424.00
Excision of uvula	42140	\$ 6,413.00
Repair palate pharynx/uvula	42145	\$ 13,424.00
Treatment mouth roof lesion	42160	\$ 766.00
Repair lac palate<2 cm	42180	\$ 1,388.00
Repair palate	42182	\$ 13,424.00
Reconstruct cleft palate	42200	\$ 13,424.00
Reconstruct cleft palate	42205	\$ 6,413.00
Reconstruct cleft palate	42210	\$ 13,424.00
Reconstruct cleft palate	42215	\$ 9,109.00

Name	CPT Code	Proposed Fee
Repair eyelid wound	67930	\$ 1,154.00
Repair eyelid wound	67935	\$ 4,758.00
Remove eyelid foreign body	67938	\$ 735.00
Revision of eyelid	67950	\$ 4,758.00
Revision of eyelid	67961	\$ 4,758.00
Revision of eyelid	67966	\$ 4,758.00
Reconstruction of eyelid	67971	\$ 4,758.00
Reconstruction of eyelid	67973	\$ 4,758.00
Reconstruction of eyelid	67974	\$ 7,232.00
Reconstruction of eyelid	67975	\$ 4,758.00
Incise/drain eyelid lining	68020	\$ 342.00
Treatment of eyelid lesions	68040	\$ 157.00
Biopsy of eyelid lining	68100	\$ 633.00
Remove eyelid lining lesion	68110	\$ 827.00
Remove eyelid lining lesion	68115	\$ 4,758.00
Remove eyelid lining lesion	68130	\$ 4,758.00
Remove eyelid lining lesion	68135	\$ 432.00
Revise/graft eyelid lining	68320	\$ 4,758.00
Revise/graft eyelid lining	68325	\$ 7,232.00
Revise/graft eyelid lining	68326	\$ 7,232.00
Revise/graft eyelid lining	68328	\$ 4,758.00
Revise eyelid lining	68330	\$ 5,756.00
Revise/graft eyelid lining	68335	\$ 7,232.00
Separate eyelid adhesions	68340	\$ 4,758.00
Revise eyelid lining	68360	\$ 7,232.00
Revise eyelid lining	68362	\$ 4,758.00
Harvest eye tissue allograft	68371	\$ 4,758.00
Incise/drain tear gland	68400	\$ 1,133.00
Incise/drain tear sac	68420	\$ 1,191.00
Incise tear duct opening	68440	\$ 335.00
Removal of tear gland	68500	\$ 7,232.00
Partial removal tear gland	68505	\$ 7,232.00
Biopsy of tear gland	68510	\$ 4,758.00
Removal of tear sac	68520	\$ 7,232.00
Biopsy of tear sac	68525	\$ 4,758.00
Clearance of tear duct	68530	\$ 735.00
Remove tear gland lesion	68540	\$ 4,758.00
Remove tear gland lesion	68550	\$ 7,232.00
Repair tear ducts	68700	\$ 4,758.00
Revise tear duct opening	68705	\$ 735.00
Create tear sac drain	68720	\$ 7,232.00
Create tear duct drain	68745	\$ 7,232.00
Create tear duct drain	68750	\$ 7,232.00
Close tear duct opening	68760	\$ 735.00
Close tear duct opening	68761	\$ 465.00
Close tear system fistula	68770	\$ 4,758.00
Probe nasolacrimal duct	68810	\$ 735.00
Probe nasolacrimal duct	68811	\$ 4,758.00
Probe nasolacrimal duct	68815	\$ 4,758.00
Probe nl duct w/balloon	68816	\$ 3,055.00
Explore/irrigate tear ducts	68840	\$ 419.00
Drain external ear lesion	69000	\$ 630.00
Drain external ear lesion	69005	\$ 670.00
Drain outer ear canal lesion	69020	\$ 851.00
Biopsy of external ear	69100	\$ 319.00
Biopsy of external ear canal	69105	\$ 547.00
Remove external ear partial	69110	\$ 5,627.00
Removal of external ear	69120	\$ 13,424.00
Remove ear canal lesion(s)	69140	\$ 13,424.00
Remove ear canal lesion(s)	69145	\$ 5,627.00
Extensive ear canal surgery	69150	\$ 13,424.00
Clear outer ear canal	69205	\$ 3,321.00
Clean out mastoid cavity	69222	\$ 788.00
Revise external ear	69300	\$ 6,413.00
Rebuild outer ear canal	69310	\$ 13,424.00
Rebuild outer ear canal	69320	\$ 13,424.00
Incision of eardrum	69420	\$ 616.00
Incision of eardrum	69421	\$ 6,413.00
Remove ventilating tube	69424	\$ 468.00
Create eardrum opening	69433	\$ 698.00
Create eardrum opening	69436	\$ 3,242.00
Exploration of middle ear	69440	\$ 6,413.00
Eardrum revision	69450	\$ 6,413.00
Mastoidectomy	69501	\$ 13,424.00
Mastoidectomy	69502	\$ 13,424.00
Remove mastoid structures	69505	\$ 13,424.00
Extensive mastoid surgery	69511	\$ 13,424.00
Extensive mastoid surgery	69530	\$ 13,424.00
Remove ear lesion	69540	\$ 800.00
Remove ear lesion	69550	\$ 13,424.00

Name	CPT Code	Proposed Fee
Treat humerus fracture	24566	\$ 3,983.00
Treat humerus fracture	24575	\$ 19,955.00
Treat humerus fracture	24576	\$ 595.00
Treat humerus fracture	24577	\$ 3,983.00
Treat humerus fracture	24579	\$ 19,992.00
Treat humerus fracture	24582	\$ 16,498.00
Treat elbow fracture	24586	\$ 21,140.00
Treat elbow fracture	24587	\$ 22,178.00
Treat elbow dislocation	24600	\$ 595.00
Treat elbow dislocation	24605	\$ 3,983.00
Treat elbow dislocation	24615	\$ 12,014.00
Treat elbow fracture	24620	\$ 3,983.00
Treat elbow fracture	24635	\$ 10,708.00
Treat elbow dislocation	24640	\$ 295.00
Treat radius fracture	24650	\$ 595.00
Treat radius fracture	24655	\$ 3,983.00
Treat radius fracture	24665	\$ 16,498.00
Treat radius fracture	24666	\$ 23,026.00
Treat ulnar fracture	24670	\$ 595.00
Treat ulnar fracture	24675	\$ 3,983.00
Treat ulnar fracture	24685	\$ 10,503.00
Fusion of elbow joint	24800	\$ 16,498.00
Fusion/graft of elbow joint	24802	\$ 31,608.00
Amputation follow-up surgery	24925	\$ 7,386.00
Incision of tendon sheath	25000	\$ 3,983.00
Excise flexor carpi radialis	25001	\$ 7,386.00
Decompress forearm 1 space	25020	\$ 3,983.00
Decompress forearm 1 space	25023	\$ 7,386.00
Decompress forearm 2 spaces	25024	\$ 7,386.00
Decompress forearm 2 spaces	25025	\$ 3,983.00
Drainage of forearm lesion	25028	\$ 7,386.00
Drainage of forearm bursa	25031	\$ 3,983.00
Treat forearm bone lesion	25035	\$ 16,498.00
Explore/treat wrist joint	25040	\$ 7,386.00
Biopsy forearm soft tissues	25065	\$ 873.00
Biopsy forearm soft tissues	25066	\$ 5,627.00
Exc forearm les sc 3 cm/>	25071	\$ 3,321.00
Exc forearm tum deep 3 cm/>	25073	\$ 5,627.00
Exc forearm les sc <3 cm	25075	\$ 3,321.00
Exc forearm tum deep <3 cm	25076	\$ 3,321.00
Resect forearm/wrist tum<3cm	25077	\$ 5,627.00
Resect forearm/wrist tum 3cm>	25078	\$ 5,627.00
Incision of wrist capsule	25085	\$ 7,386.00
Biopsy of wrist joint	25100	\$ 7,386.00
Explore/treat wrist joint	25101	\$ 7,386.00
Remove wrist joint lining	25105	\$ 7,386.00
Remove wrist joint cartilage	25107	\$ 7,386.00
Excise tendon forearm/wrist	25109	\$ 7,386.00
Remove wrist tendon lesion	25110	\$ 3,983.00
Remove wrist tendon lesion	25111	\$ 3,983.00
Reremove wrist tendon lesion	25112	\$ 3,983.00
Remove wrist/forearm lesion	25115	\$ 3,983.00
Remove wrist/forearm lesion	25116	\$ 7,386.00
Excise wrist tendon sheath	25118	\$ 3,983.00
Partial removal of ulna	25119	\$ 7,386.00
Removal of forearm lesion	25120	\$ 7,386.00
Remove/graft forearm lesion	25125	\$ 3,983.00
Remove/graft forearm lesion	25126	\$ 4,651.00
Removal of wrist lesion	25130	\$ 7,386.00
Remove & graft wrist lesion	25135	\$ 16,498.00
Remove & graft wrist lesion	25136	\$ 16,498.00
Remove forearm bone lesion	25145	\$ 7,386.00
Partial removal of ulna	25150	\$ 7,386.00
Partial removal of radius	25151	\$ 7,386.00
Removal of wrist bone	25210	\$ 7,386.00
Removal of wrist bones	25215	\$ 7,386.00
Partial removal of radius	25230	\$ 7,386.00
Partial removal of ulna	25240	\$ 7,386.00
Remove forearm foreign body	25248	\$ 3,983.00
Removal of wrist prosthesis	25250	\$ 3,983.00
Removal of wrist prosthesis	25251	\$ 7,386.00
Manipulate wrist w/anesthes	25259	\$ 3,983.00
Repair forearm tendon/muscle	25260	\$ 7,386.00
Repair forearm tendon/muscle	25263	\$ 16,498.00
Repair forearm tendon/muscle	25265	\$ 7,386.00
Repair forearm tendon/muscle	25270	\$ 7,386.00
Repair forearm tendon/muscle	25272	\$ 7,386.00
Repair forearm tendon/muscle	25274	\$ 7,386.00
Repair forearm tendon sheath	25275	\$ 7,386.00
Revise wrist/forearm tendon	25280	\$ 7,386.00

Name	CPT Code	Proposed Fee
Reconstruct cleft palate	42220	\$ 13,424.00
Reconstruct cleft palate	42225	\$ 13,424.00
Lengthening of palate	42226	\$ 13,424.00
Lengthening of palate	42227	\$ 13,424.00
Repair palate	42235	\$ 13,424.00
Repair nose to lip fistula	42260	\$ 13,424.00
Preparation palate mold	42280	\$ 575.00
Insertion palate prosthesis	42281	\$ 13,424.00
Drainage of salivary gland	42300	\$ 3,242.00
Drainage of salivary gland	42305	\$ 6,413.00
Drainage of salivary gland	42310	\$ 1,388.00
Drainage of salivary gland	42320	\$ 1,388.00
Removal of salivary stone	42330	\$ 728.00
Removal of salivary stone	42335	\$ 1,489.00
Removal of salivary stone	42340	\$ 6,413.00
Biopsy of salivary gland	42400	\$ 325.00
Biopsy of salivary gland	42405	\$ 3,242.00
Excision of salivary cyst	42408	\$ 6,413.00
Drainage of salivary cyst	42409	\$ 6,413.00
Excise parotid gland/lesion	42410	\$ 13,424.00
Excise parotid gland/lesion	42415	\$ 13,424.00
Excise parotid gland/lesion	42420	\$ 13,424.00
Excise parotid gland/lesion	42425	\$ 13,424.00
Excise submaxillary gland	42440	\$ 13,424.00
Excise sublingual gland	42450	\$ 13,424.00
Repair salivary duct	42500	\$ 13,424.00
Repair salivary duct	42505	\$ 13,424.00
Parotid duct diversion	42507	\$ 13,424.00
Parotid duct diversion	42509	\$ 13,424.00
Parotid duct diversion	42510	\$ 6,413.00
Closure of salivary fistula	42600	\$ 6,413.00
Dilation of salivary duct	42650	\$ 222.00
Dilation of salivary duct	42660	\$ 319.00
Ligation of salivary duct	42665	\$ 6,413.00
Drainage of tonsil abscess	42700	\$ 616.00
Drainage of throat abscess	42720	\$ 6,413.00
Drainage of throat abscess	42725	\$ 13,424.00
Biopsy of throat	42800	\$ 510.00
Biopsy of upper nose/throat	42804	\$ 6,413.00
Biopsy of upper nose/throat	42806	\$ 6,413.00
Excise pharynx lesion	42808	\$ 6,413.00
Excision of neck cyst	42810	\$ 6,413.00
Excision of neck cyst	42815	\$ 13,424.00
Remove tonsils and adenoids	42820	\$ 13,424.00
Remove tonsils and adenoids	42821	\$ 6,413.00
Removal of tonsils	42825	\$ 13,424.00
Removal of tonsils	42826	\$ 6,413.00
Removal of adenoids	42830	\$ 6,413.00
Removal of adenoids	42831	\$ 6,413.00
Removal of adenoids	42835	\$ 6,413.00
Removal of adenoids	42836	\$ 6,413.00
Excision of tonsil tags	42860	\$ 6,413.00
Excision of lingual tonsil	42870	\$ 13,424.00
Partial removal of pharynx	42890	\$ 13,424.00
Revision of pharyngeal walls	42892	\$ 13,424.00
Repair throat wound	42900	\$ 2,700.00
Reconstruction of throat	42950	\$ 13,424.00
Surgical opening of throat	42955	\$ 3,242.00
Control throat bleeding	42960	\$ 1,388.00
Control throat bleeding	42962	\$ 6,413.00
Control nose/throat bleeding	42970	\$ 616.00
Control nose/throat bleeding	42972	\$ 6,413.00
Dise eval slp do brth flx dx	42975	\$ 3,682.00
Throat muscle surgery	43030	\$ 13,424.00
Removal of esophagus pouch	43130	\$ 13,424.00
Esophagoscopy rigid trnso	43180	\$ 13,424.00
Esophagoscopy rigid trnso dx	43191	\$ 4,045.00
Esophagoscopy rig trnso inject	43192	\$ 4,045.00
Esophagoscopy rig trnso biopsy	43193	\$ 4,045.00
Esophagoscopy rig trnso rem fb	43194	\$ 4,045.00
Esophagoscopy rigid balloon	43195	\$ 8,748.00
Esophagoscopy guide wire dilat	43196	\$ 4,045.00
Esophagoscopy flex dx brush	43197	\$ 641.00
Esophagoscopy flex trnsn biopsy	43198	\$ 691.00
Esophagoscopy flexible brush	43200	\$ 2,286.00
Esoph scope w/submucous inj	43201	\$ 4,045.00
Esophagoscopy flex biopsy	43202	\$ 4,045.00
Esoph scope w/sclerosis inj	43204	\$ 4,045.00
Esophagus endoscopy/ligation	43205	\$ 4,045.00
Esoph optical endomicroscopy	43206	\$ 4,045.00

Name	CPT Code	Proposed Fee
Remove ear lesion	69552	\$ 13,424.00
Mastoid surgery revision	69601	\$ 13,424.00
Mastoid surgery revision	69602	\$ 13,424.00
Mastoid surgery revision	69603	\$ 13,424.00
Mastoid surgery revision	69604	\$ 13,424.00
Repair of eardrum	69610	\$ 1,044.00
Repair of eardrum	69620	\$ 6,413.00
Repair eardrum structures	69631	\$ 13,424.00
Rebuild eardrum structures	69632	\$ 13,424.00
Rebuild eardrum structures	69633	\$ 13,424.00
Repair eardrum structures	69635	\$ 13,424.00
Rebuild eardrum structures	69636	\$ 13,424.00
Rebuild eardrum structures	69637	\$ 13,424.00
Revise middle ear & mastoid	69641	\$ 13,424.00
Revise middle ear & mastoid	69642	\$ 13,424.00
Revise middle ear & mastoid	69643	\$ 13,424.00
Revise middle ear & mastoid	69644	\$ 13,424.00
Revise middle ear & mastoid	69645	\$ 13,424.00
Revise middle ear & mastoid	69646	\$ 13,424.00
Release middle ear bone	69650	\$ 6,413.00
Revise middle ear bone	69660	\$ 13,424.00
Revise middle ear bone	69661	\$ 13,424.00
Revise middle ear bone	69662	\$ 13,424.00
Repair middle ear structures	69666	\$ 6,413.00
Repair middle ear structures	69667	\$ 6,413.00
Remove mastoid air cells	69670	\$ 13,424.00
Remove middle ear nerve	69676	\$ 6,413.00
Close mastoid fistula	69700	\$ 3,242.00
Nps surg dilat eust tube uni	69705	\$ 9,478.00
Nps surg dilat eust tube bi	69706	\$ 9,358.00
Remove/repair hearing aid	69711	\$ 6,413.00
Impl oi implt skull perq esp	69714	\$ 24,364.00
Impl oi implt sk tc esp<100	69716	\$ 24,411.00
Rplcm oi implt skl prq esp	69717	\$ 13,109.00
Rplcm oi implt sk tc esp<100	69719	\$ 24,639.00
Release facial nerve	69720	\$ 13,424.00
Rmv ntr oi implt skl prq esp	69726	\$ 7,386.00
Rmv ntr oi imp sk tc esp<100	69727	\$ 7,386.00
Rmv ntr oi imp sk tc>=100	69728	\$ 7,386.00
Impl oi implt sk tc esp>=100	69729	\$ 19,905.00
Rplc oi implt sk tc esp>=100	69730	\$ 19,905.00
Repair facial nerve	69740	\$ 13,424.00
Repair facial nerve	69745	\$ 13,424.00
Incise inner ear	69801	\$ 730.00
Explore inner ear	69805	\$ 13,424.00
Explore inner ear	69806	\$ 13,424.00
Remove inner ear	69905	\$ 13,424.00
Remove inner ear & mastoid	69910	\$ 13,424.00
Incise inner ear nerve	69915	\$ 6,413.00
Implant cochlear device	69930	\$ 68,719.00
Magnetic image jaw joint	70336	\$ 618.00
Ct head/brain w/o dye	70450	\$ 277.00
Ct head/brain w/dye	70460	\$ 463.00
Ct head/brain w/o & w/dye	70470	\$ 463.00
Ct orbit/ear/fossa w/o dye	70480	\$ 277.00
Ct orbit/ear/fossa w/dye	70481	\$ 463.00
Ct orbit/ear/fossa w/o&w/dye	70482	\$ 463.00
Ct maxillofacial w/o dye	70486	\$ 277.00
Ct maxillofacial w/dye	70487	\$ 463.00
Ct maxillofacial w/o & w/dye	70488	\$ 463.00
Ct soft tissue neck w/o dye	70490	\$ 277.00
Ct soft tissue neck w/dye	70491	\$ 463.00
Ct sft tsue nck w/o & w/dye	70492	\$ 463.00
Ct angiography head	70496	\$ 463.00
Ct angiography neck	70498	\$ 463.00
Mri orbit/face/neck w/o dye	70540	\$ 618.00
Mri orbit/face/neck w/dye	70542	\$ 1,060.00
Mri orbit/fac/nck w/o & w/dye	70543	\$ 970.00
Mr angiography head w/o dye	70544	\$ 618.00
Mr angiography head w/dye	70545	\$ 926.00
Mr angiograph head w/o&w/dye	70546	\$ 970.00
Mr angiography neck w/o dye	70547	\$ 618.00
Mr angiography neck w/dye	70548	\$ 968.00
Mr angiograph neck w/o&w/dye	70549	\$ 970.00
Mri brain stem w/o dye	70551	\$ 618.00
Mri brain stem w/dye	70552	\$ 1,042.00
Mri brain stem w/o & w/dye	70553	\$ 970.00
Fmri brain by tech	70554	\$ 618.00
Fmri brain by phys/psych	70555	\$ 618.00
Mri brain w/o dye	70557	\$ 1,392.00

Name	CPT Code	Proposed Fee
Incise wrist/forearm tendon	25290	\$ 7,386.00
Release wrist/forearm tendon	25295	\$ 7,386.00
Fusion of tendons at wrist	25300	\$ 7,386.00
Fusion of tendons at wrist	25301	\$ 7,386.00
Transplant forearm tendon	25310	\$ 7,386.00
Transplant forearm tendon	25312	\$ 7,386.00
Revise palsy hand tendon(s)	25315	\$ 16,498.00
Revise palsy hand tendon(s)	25316	\$ 16,498.00
Repair/revise wrist joint	25320	\$ 16,498.00
Revise wrist joint	25332	\$ 4,754.00
Realignment of hand	25335	\$ 7,386.00
Reconstruct ulna/radioulnar	25337	\$ 16,498.00
Revision of radius	25350	\$ 11,790.00
Revision of radius	25355	\$ 7,386.00
Revision of ulna	25360	\$ 10,641.00
Revise radius & ulna	25365	\$ 31,608.00
Revise radius or ulna	25370	\$ 7,386.00
Revise radius & ulna	25375	\$ 7,386.00
Shorten radius or ulna	25390	\$ 10,922.00
Lengthen radius or ulna	25391	\$ 21,344.00
Shorten radius & ulna	25392	\$ 16,498.00
Lengthen radius & ulna	25393	\$ 10,487.00
Repair carpal bone shorten	25394	\$ 7,386.00
Repair radius or ulna	25400	\$ 10,994.00
Repair/graft radius or ulna	25405	\$ 10,886.00
Repair radius & ulna	25415	\$ 10,389.00
Repair/graft radius & ulna	25420	\$ 10,389.00
Repair/graft radius or ulna	25425	\$ 10,506.00
Repair/graft radius & ulna	25426	\$ 4,837.00
Vasc graft into carpal bone	25430	\$ 7,386.00
Repair nonunion carpal bone	25431	\$ 11,382.00
Repair/graft wrist bone	25440	\$ 10,803.00
Reconstruct wrist joint	25441	\$ 25,227.00
Reconstruct wrist joint	25442	\$ 34,129.00
Reconstruct wrist joint	25443	\$ 11,757.00
Reconstruct wrist joint	25444	\$ 24,366.00
Reconstruct wrist joint	25445	\$ 11,343.00
Wrist replacement	25446	\$ 34,893.00
Repair wrist joints	25447	\$ 7,386.00
Remove wrist joint implant	25449	\$ 16,498.00
Revision of wrist joint	25450	\$ 7,386.00
Revision of wrist joint	25455	\$ 7,386.00
Reinforce radius	25490	\$ 16,498.00
Reinforce ulna	25491	\$ 31,608.00
Reinforce radius and ulna	25492	\$ 7,386.00
Treat fracture of radius	25500	\$ 595.00
Treat fracture of radius	25505	\$ 3,983.00
Treat fracture of radius	25515	\$ 10,750.00
Treat fracture of radius	25520	\$ 3,983.00
Treat fracture of radius	25525	\$ 10,896.00
Treat fracture of radius	25526	\$ 16,498.00
Treat fracture of ulna	25530	\$ 595.00
Treat fracture of ulna	25535	\$ 595.00
Treat fracture of ulna	25545	\$ 10,353.00
Treat fracture radius & ulna	25560	\$ 595.00
Treat fracture radius & ulna	25565	\$ 3,983.00
Treat fracture radius & ulna	25574	\$ 10,389.00
Treat fracture radius/ulna	25575	\$ 11,091.00
Treat fracture radius/ulna	25600	\$ 595.00
Treat fracture radius/ulna	25605	\$ 3,983.00
Treat fx distal radial	25606	\$ 7,386.00
Treat fx rad extra-articul	25607	\$ 11,061.00
Treat fx rad intra-articul	25608	\$ 11,179.00
Treat fx radial 3+ frag	25609	\$ 11,194.00
Treat wrist bone fracture	25622	\$ 595.00
Treat wrist bone fracture	25624	\$ 3,983.00
Treat wrist bone fracture	25628	\$ 16,498.00
Treat wrist bone fracture	25630	\$ 595.00
Treat wrist bone fracture	25635	\$ 3,983.00
Treat wrist bone fracture	25645	\$ 7,386.00
Treat wrist bone fracture	25650	\$ 595.00
Pin ulnar styloid fracture	25651	\$ 7,386.00
Treat fracture ulnar styloid	25652	\$ 10,389.00
Treat wrist dislocation	25660	\$ 595.00
Treat wrist dislocation	25670	\$ 16,498.00
Pin radioulnar dislocation	25671	\$ 7,386.00
Treat wrist dislocation	25675	\$ 595.00
Treat wrist dislocation	25676	\$ 16,498.00
Treat wrist fracture	25680	\$ 595.00
Treat wrist fracture	25685	\$ 16,498.00

Name	CPT Code	Proposed Fee
Egd esophagogastric endopasty	43210	\$ 14,355.00
Esophagoscop mucosal resect	43211	\$ 4,045.00
Esophagoscop stent placement	43212	\$ 9,335.00
Esophagoscopia retro balloon	43213	\$ 4,045.00
Esophagosc dilate balloon 30	43214	\$ 4,045.00
Esophagoscopia flex remove fb	43215	\$ 4,045.00
Esophagoscopia lesion removal	43216	\$ 4,045.00
Esophagoscopia snare les remv	43217	\$ 4,045.00
Esophagoscopia balloon <30mm	43220	\$ 4,045.00
Esoph endoscopy dilation	43226	\$ 4,045.00
Esophagoscopia control bleed	43227	\$ 4,045.00
Esophagoscopia lesion ablate	43229	\$ 6,429.00
Esophagoscopia ultrasound exam	43231	\$ 4,045.00
Esophagoscopia w/us needle bx	43232	\$ 4,045.00
Egd balloon dil esoph30 mm/>	43233	\$ 4,045.00
Egd diagnostic brush wash	43235	\$ 2,286.00
Uppr gi scope w/submuc inj	43236	\$ 2,286.00
Endoscopic us exam esoph	43237	\$ 4,045.00
Egd us fine needle bx/aspir	43238	\$ 4,045.00
Egd biopsy single/multiple	43239	\$ 2,286.00
Egd w/transmural drain cyst	43240	\$ 9,786.00
Egd tube/cath insertion	43241	\$ 4,045.00
Egd us fine needle bx/aspir	43242	\$ 4,045.00
Egd injection varices	43243	\$ 4,045.00
Egd varices ligation	43244	\$ 4,045.00
Egd dilate stricture	43245	\$ 4,045.00
Egd place gastrostomy tube	43246	\$ 4,045.00
Egd remove foreign body	43247	\$ 2,286.00
Egd guide wire insertion	43248	\$ 2,286.00
Esoph egd dilation <30 mm	43249	\$ 4,045.00
Egd cautery tumor polyp	43250	\$ 4,045.00
Egd remove lesion snare	43251	\$ 4,045.00
Egd optical endomicroscopy	43252	\$ 4,045.00
Egd us transmural injxn/mark	43253	\$ 4,045.00
Egd endo mucosal resection	43254	\$ 4,045.00
Egd control bleeding any	43255	\$ 4,045.00
Egd w/thrml txmnt gerd	43257	\$ 5,920.00
Egd us exam duodenum/jejunum	43259	\$ 4,045.00
Ercp w/specimen collection	43260	\$ 8,748.00
Endo cholangiopancreatograph	43261	\$ 8,748.00
Endo cholangiopancreatograph	43262	\$ 8,748.00
Ercp sphincter pressure meas	43263	\$ 4,045.00
Ercp remove duct calculi	43264	\$ 8,748.00
Ercp lithotripsy calculi	43265	\$ 12,522.00
Egd endoscopic stent place	43266	\$ 9,637.00
Egd lesion ablation	43270	\$ 2,612.00
Ercp duct stent placement	43274	\$ 8,070.00
Ercp remove forgn body duct	43275	\$ 4,045.00
Ercp stent exchange w/dilate	43276	\$ 8,080.00
Ercp ea duct/ampulla dilate	43277	\$ 8,748.00
Ercp lesion ablate w/dilate	43278	\$ 8,748.00
Laps esophgl sphnctr agmntj	43284	\$ 15,780.00
Rmvl esophgl sphnctr dev	43285	\$ 13,155.00
Egd flx tmnsrl dplmnt balo	43290	\$ 4,045.00
Egd flx tmnsrl rmvl balo	43291	\$ 2,286.00
Dilate esophagus 1/mult pass	43450	\$ 2,286.00
Dilate esophagus	43453	\$ 4,045.00
Laparoscopy gastrostomy	43653	\$ 13,155.00
Nasal/orogastric w/tube plmt	43752	\$ 1,005.00
Dx gastr intub w/asp specs	43755	\$ 394.00
Dx duod intub w/asp spec	43756	\$ 2,286.00
Dx duod intub w/asp specs	43757	\$ 2,286.00
Reposition gastrostomy tube	43761	\$ 623.00
Rplc gtube no revj trc	43762	\$ 623.00
Rplc gtube revj gstrst trc	43763	\$ 623.00
Lap rmvl gastr adj all parts	43774	\$ 8,748.00
Repair stomach opening	43870	\$ 8,748.00
Revise gastric port open	43886	\$ 9,049.00
Remove gastric port open	43887	\$ 4,600.00
Change gastric port open	43888	\$ 9,049.00
Biopsy of bowel	44100	\$ 2,286.00
Revision of ileostomy	44312	\$ 9,049.00
Revision of colostomy	44340	\$ 9,049.00
Small bowel endoscopy	44360	\$ 4,045.00
Small bowel endoscopy/biopsy	44361	\$ 4,045.00
Small bowel endoscopy	44363	\$ 4,045.00
Small bowel endoscopy	44364	\$ 4,045.00
Small bowel endoscopy	44365	\$ 4,045.00
Small bowel endoscopy	44366	\$ 4,045.00
Small bowel endoscopy	44369	\$ 4,045.00

Name	CPT Code	Proposed Fee
Mri brain w/dye	70558	\$ 463.00
Mri brain w/o & w/dye	70559	\$ 463.00
X-ray exam chest 1 view	71045	\$ 92.00
X-ray exam chest 2 views	71046	\$ 125.00
Ct thorax dx c-	71250	\$ 277.00
Ct thorax dx c+	71260	\$ 463.00
Ct thorax dx c-/c+	71270	\$ 463.00
Ct angiography chest	71275	\$ 463.00
Mri chest w/o dye	71550	\$ 618.00
Mri chest w/dye	71551	\$ 1,567.00
Mri chest w/o & w/dye	71552	\$ 970.00
X-ray exam entire spi 4/5 vw	72083	\$ 277.00
X-ray exam entire spi 6/> vw	72084	\$ 277.00
Ct neck spine w/o dye	72125	\$ 277.00
Ct neck spine w/dye	72126	\$ 630.00
Ct neck spine w/o & w/dye	72127	\$ 463.00
Ct chest spine w/o dye	72128	\$ 277.00
Ct chest spine w/dye	72129	\$ 463.00
Ct chest spine w/o & w/dye	72130	\$ 463.00
Ct lumbar spine w/o dye	72131	\$ 277.00
Ct lumbar spine w/dye	72132	\$ 631.00
Ct lumbar spine w/o & w/dye	72133	\$ 463.00
Mri neck spine w/o dye	72141	\$ 696.00
Mri neck spine w/dye	72142	\$ 1,067.00
Mri chest spine w/o dye	72146	\$ 694.00
Mri chest spine w/dye	72147	\$ 1,055.00
Mri lumbar spine w/o dye	72148	\$ 699.00
Mri lumbar spine w/dye	72149	\$ 1,042.00
Mri neck spine w/o & w/dye	72156	\$ 970.00
Mri chest spine w/o & w/dye	72157	\$ 970.00
Mri lumbar spine w/o & w/dye	72158	\$ 970.00
Ct angiograph pelv w/o&w/dye	72191	\$ 463.00
Ct pelvis w/o dye	72192	\$ 277.00
Ct pelvis w/dye	72193	\$ 463.00
Ct pelvis w/o & w/dye	72194	\$ 463.00
Mri pelvis w/o dye	72195	\$ 618.00
Mri pelvis w/dye	72196	\$ 1,041.00
Mri pelvis w/o & w/dye	72197	\$ 970.00
Ct upper extremity w/o dye	73200	\$ 277.00
Ct upper extremity w/dye	73201	\$ 800.00
Ct uppr extremity w/o&w/dye	73202	\$ 463.00
Ct angio upr extr w/o&w/dye	73206	\$ 463.00
Mri upper extremity w/o dye	73218	\$ 618.00
Mri upper extremity w/dye	73219	\$ 970.00
Mri uppr extremity w/o&w/dye	73220	\$ 970.00
Mri joint upr extrem w/o dye	73221	\$ 618.00
Mri joint upr extrem w/dye	73222	\$ 1,285.00
Mri joint upr extr w/o&w/dye	73223	\$ 970.00
Ct lower extremity w/o dye	73700	\$ 277.00
Ct lower extremity w/dye	73701	\$ 463.00
Ct lwr extremity w/o&w/dye	73702	\$ 463.00
Ct angio lwr extr w/o&w/dye	73706	\$ 463.00
Mri lower extremity w/o dye	73718	\$ 618.00
Mri lower extremity w/dye	73719	\$ 1,034.00
Mri lwr extremity w/o&w/dye	73720	\$ 970.00
Mri jnt of lwr extre w/o dye	73721	\$ 618.00
Mri joint of lwr extr w/dye	73722	\$ 1,287.00
Mri joint lwr extr w/o&w/dye	73723	\$ 970.00
Ct abdomen w/o dye	74150	\$ 277.00
Ct abdomen w/dye	74160	\$ 463.00
Ct abdomen w/o & w/dye	74170	\$ 463.00
Ct angio abd&pelv w/o&w/dye	74174	\$ 970.00
Ct angio abdom w/o & w/dye	74175	\$ 463.00
Ct abd & pelvis w/o contrast	74176	\$ 612.00
Ct abd & pelv w/contrast	74177	\$ 970.00
Ct abd & pelv 1/> regns	74178	\$ 970.00
Mri abdomen w/o dye	74181	\$ 618.00
Mri abdomen w/dye	74182	\$ 970.00
Mri abdomen w/o & w/dye	74183	\$ 970.00
X-ray xm swing funcj c+	74230	\$ 463.00
X-ray xm upr gi trc 1cstrst	74240	\$ 458.00
X-ray xm upr gi trc 2cstrst	74246	\$ 463.00
X-ray xm sm int 1cstrst std	74250	\$ 452.00
X-ray xm sm int 2cstrst std	74251	\$ 463.00
Ct colonography dx	74261	\$ 277.00
Ct colonography dx w/dye	74262	\$ 463.00
Ther nma rdcjt intus/obstrcj	74283	\$ 463.00
Urography iv +kub tomog	74400	\$ 463.00
Urography nfs drip&bolus	74410	\$ 463.00
Urography nfs drip&bls w/nf	74415	\$ 463.00

Name	CPT Code	Proposed Fee
Treat wrist dislocation	25690	\$ 3,983.00
Treat wrist dislocation	25695	\$ 16,498.00
Fusion of wrist joint	25800	\$ 11,419.00
Fusion/graft of wrist joint	25805	\$ 11,327.00
Fusion/graft of wrist joint	25810	\$ 21,166.00
Fusion of hand bones	25820	\$ 11,241.00
Fuse hand bones with graft	25825	\$ 10,690.00
Fusion radioulnar jnt/ulna	25830	\$ 16,498.00
Amputation follow-up surgery	25907	\$ 7,386.00
Amputate hand at wrist	25922	\$ 3,983.00
Amputation follow-up surgery	25929	\$ 4,600.00
Amputation follow-up surgery	25931	\$ 7,386.00
Drainage of finger abscess	26010	\$ 505.00
Drainage of finger abscess	26011	\$ 3,321.00
Drain hand tendon sheath	26020	\$ 7,386.00
Drainage of palm bursa	26025	\$ 7,386.00
Drainage of palm bursas	26030	\$ 7,386.00
Treat hand bone lesion	26034	\$ 3,983.00
Decompress fingers/hand	26035	\$ 7,386.00
Decompress fingers/hand	26037	\$ 7,386.00
Release palm contracture	26040	\$ 3,983.00
Release palm contracture	26045	\$ 7,386.00
Incise finger tendon sheath	26055	\$ 3,983.00
Incision of finger tendon	26060	\$ 3,983.00
Explore/treat hand joint	26070	\$ 3,983.00
Explore/treat finger joint	26075	\$ 7,386.00
Explore/treat finger joint	26080	\$ 3,983.00
Biopsy hand joint lining	26100	\$ 7,386.00
Biopsy finger joint lining	26105	\$ 7,386.00
Biopsy finger joint lining	26110	\$ 3,983.00
Exc hand less < 1.5 cm/>	26111	\$ 3,321.00
Exc hand tum deep 1.5 cm/>	26113	\$ 3,321.00
Exc hand less < 1.5 cm	26115	\$ 3,321.00
Exc hand tum deep < 1.5 cm	26116	\$ 3,321.00
Rad resect hand tumor < 3 cm	26117	\$ 5,627.00
Rad resect hand tumor 3 cm/>	26118	\$ 5,627.00
Release palm contracture	26121	\$ 7,386.00
Release palm contracture	26123	\$ 7,386.00
Remove wrist joint lining	26130	\$ 7,386.00
Revise finger joint each	26135	\$ 7,386.00
Revise finger joint each	26140	\$ 3,983.00
Tendon excision palm/finger	26145	\$ 3,983.00
Remove tendon sheath lesion	26160	\$ 3,983.00
Removal of palm tendon each	26170	\$ 3,983.00
Removal of finger tendon	26180	\$ 3,983.00
Remove finger bone	26185	\$ 3,983.00
Remove hand bone lesion	26200	\$ 3,983.00
Remove/graft bone lesion	26205	\$ 16,498.00
Removal of finger lesion	26210	\$ 3,983.00
Remove/graft finger lesion	26215	\$ 7,386.00
Partial removal of hand bone	26230	\$ 7,386.00
Partial removal finger bone	26235	\$ 3,983.00
Partial removal finger bone	26236	\$ 3,983.00
Extensive hand surgery	26250	\$ 7,386.00
Resect prox finger tumor	26260	\$ 7,386.00
Resect distal finger tumor	26262	\$ 3,983.00
Removal of implant from hand	26320	\$ 3,321.00
Manipulate finger w/anesth	26340	\$ 3,983.00
Manipulat palm cord post inj	26341	\$ 401.00
Repair finger/hand tendon	26350	\$ 7,386.00
Repair/graft hand tendon	26352	\$ 16,498.00
Repair finger/hand tendon	26356	\$ 7,386.00
Repair finger/hand tendon	26357	\$ 7,386.00
Repair/graft hand tendon	26358	\$ 16,498.00
Repair finger/hand tendon	26370	\$ 7,386.00
Repair/graft hand tendon	26372	\$ 16,498.00
Repair finger/hand tendon	26373	\$ 7,386.00
Revise hand/finger tendon	26390	\$ 11,010.00
Repair/graft hand tendon	26392	\$ 16,498.00
Repair hand tendon	26410	\$ 3,983.00
Repair/graft hand tendon	26412	\$ 7,386.00
Excision hand/finger tendon	26415	\$ 7,386.00
Graft hand or finger tendon	26416	\$ 7,386.00
Repair finger tendon	26418	\$ 3,983.00
Repair/graft finger tendon	26420	\$ 7,386.00
Repair finger/hand tendon	26426	\$ 7,386.00
Repair/graft finger tendon	26428	\$ 7,386.00
Repair finger tendon	26432	\$ 3,983.00
Repair finger tendon	26433	\$ 7,386.00
Repair/graft finger tendon	26434	\$ 7,386.00

Name	CPT Code	Proposed Fee
Small bowel endoscopy/stent	44370	\$ 10,539.00
Small bowel endoscopy	44372	\$ 4,045.00
Small bowel endoscopy	44373	\$ 4,045.00
Small bowel endoscopy	44376	\$ 4,045.00
Small bowel endoscopy/biopsy	44377	\$ 4,045.00
Small bowel endoscopy	44378	\$ 4,045.00
S bowel endoscopy w/stent	44379	\$ 12,522.00
Small bowel endoscopy br/wa	44380	\$ 2,286.00
Small bowel endoscopy br/wa	44381	\$ 4,045.00
Small bowel endoscopy	44382	\$ 2,286.00
Small bowel endoscopy	44384	\$ 2,652.00
Endoscopy of bowel pouch	44385	\$ 2,305.00
Endoscopy bowel pouch/biop	44386	\$ 2,305.00
Colonoscopy thru stoma spx	44388	\$ 2,305.00
Colonoscopy with biopsy	44389	\$ 2,977.00
Colonoscopy for foreign body	44390	\$ 2,305.00
Colonoscopy for bleeding	44391	\$ 2,977.00
Colonoscopy & polypectomy	44392	\$ 2,977.00
Colonoscopy w/snare	44394	\$ 2,977.00
Colonoscopy with ablation	44401	\$ 2,977.00
Colonoscopy w/stent plcmr	44402	\$ 7,886.00
Colonoscopy w/resection	44403	\$ 2,977.00
Colonoscopy w/injection	44404	\$ 2,977.00
Colonoscopy w/dilation	44405	\$ 2,977.00
Colonoscopy w/ultrasound	44406	\$ 2,977.00
Colonoscopy w/ndl aspir/bx	44407	\$ 2,977.00
Colonoscopy w/decompression	44408	\$ 2,305.00
Intro gastrointestinal tube	44500	\$ 2,286.00
Drainage of pelvic abscess	45000	\$ 2,977.00
Drainage of rectal abscess	45005	\$ 2,977.00
Drainage of rectal abscess	45020	\$ 6,560.00
Biopsy of rectum	45100	\$ 6,560.00
Removal of anorectal lesion	45108	\$ 6,560.00
Excision of rectal stricture	45150	\$ 2,977.00
Excision of rectal lesion	45160	\$ 6,560.00
Exc rect tum transanal part	45171	\$ 6,560.00
Exc rect tum transanal full	45172	\$ 6,560.00
Destruction rectal tumor	45190	\$ 6,560.00
Proctosigmoidoscopy dx	45300	\$ 473.00
Proctosigmoidoscopy dilate	45303	\$ 2,977.00
Proctosigmoidoscopy w/bx	45305	\$ 2,977.00
Proctosigmoidoscopy fb	45307	\$ 6,560.00
Proctosigmoidoscopy removal	45308	\$ 6,560.00
Proctosigmoidoscopy removal	45309	\$ 2,977.00
Proctosigmoidoscopy removal	45315	\$ 2,977.00
Proctosigmoidoscopy bleed	45317	\$ 2,977.00
Proctosigmoidoscopy ablate	45320	\$ 6,560.00
Proctosigmoidoscopy volvul	45321	\$ 6,560.00
Proctosigmoidoscopy w/stent	45327	\$ 9,717.00
Diagnostic sigmoidoscopy	45330	\$ 750.00
Sigmoidoscopy and biopsy	45331	\$ 2,305.00
Sigmoidoscopy w/fb removal	45332	\$ 2,977.00
Sigmoidoscopy & polypectomy	45333	\$ 2,305.00
Sigmoidoscopy for bleeding	45334	\$ 2,977.00
Sigmoidoscopy w/submuc inj	45335	\$ 2,305.00
Sigmoidoscopy & decompress	45337	\$ 2,305.00
Sigmoidoscopy w/tumr remove	45338	\$ 2,977.00
Sig w/tndsc balloon dilation	45340	\$ 2,977.00
Sigmoidoscopy w/ultrasound	45341	\$ 2,305.00
Sigmoidoscopy w/us guide bx	45342	\$ 2,977.00
Sigmoidoscopy w/ablation	45346	\$ 2,977.00
Sigmoidoscopy w/plcmr stent	45347	\$ 9,765.00
Sigmoidoscopy w/resection	45349	\$ 6,560.00
Sgmdsc w/band ligation	45350	\$ 2,977.00
Diagnostic colonoscopy	45378	\$ 2,305.00
Colonoscopy w/fb removal	45379	\$ 2,977.00
Colonoscopy and biopsy	45380	\$ 2,977.00
Colonoscopy submucous nix	45381	\$ 2,977.00
Colonoscopy w/control bleed	45382	\$ 2,977.00
Colonoscopy w/lesion removal	45384	\$ 2,977.00
Colonoscopy w/lesion removal	45385	\$ 2,977.00
Colonoscopy w/balloon dilat	45386	\$ 2,977.00
Colonoscopy w/ablation	45388	\$ 2,977.00
Colonoscopy w/stent plcmr	45389	\$ 9,596.00
Colonoscopy w/resection	45390	\$ 6,560.00
Colonoscopy w/endoscopy us	45391	\$ 2,977.00
Colonoscopy w/endoscopic fnb	45392	\$ 2,977.00
Colonoscopy w/decompression	45393	\$ 2,977.00
Colonoscopy w/band ligation	45398	\$ 2,977.00
Repair of rectum	45500	\$ 6,560.00

Name	CPT Code	Proposed Fee
Urography rtgr + kub	74420	\$ 970.00
Mri fetal sngl/1st gestation	74712	\$ 618.00
X-ray exam of perineum	74775	\$ 618.00
Cardiac mri for morph	75557	\$ 618.00
Cardiac mri w/stress img	75559	\$ 1,373.00
Cardiac mri for morph w/dye	75561	\$ 970.00
Card mri w/stress img & dye	75563	\$ 1,607.00
Ct hrt w/3d image	75572	\$ 463.00
Ct hrt c+ strux cgen hrt ds	75573	\$ 463.00
Ct angio hrt w/3d image	75574	\$ 463.00
Artery x-rays adrenal gland	75731	\$ 546.00
Artery x-rays lung	75746	\$ 455.00
Lymph vessel x-ray arms/legs	75803	\$ 3,011.00
Lymph vessel x-ray trunk	75805	\$ 7,527.00
Vein x-ray spleen/liver	75810	\$ 7,527.00
Vein x-ray arms/legs	75822	\$ 385.00
Vein x-ray skull	75870	\$ 539.00
Vein x-ray liver w/o hemodyn	75887	\$ 414.00
Follow-up angiography	75898	\$ 7,527.00
Fluoroscopy <1 hr phys/ghp	76000	\$ 152.00
Med physic dos eval rad exps	76145	\$ 1,352.00
Mr spectroscopy	76390	\$ 229.00
Mr elastography	76391	\$ 618.00
Unlisted mr procedure	76498	\$ 229.00
Us exam abdom complete	76700	\$ 277.00
Echo exam of abdomen	76705	\$ 277.00
Us exam abdo back wall comp	76770	\$ 277.00
Us exam k transpl w/doppler	76776	\$ 277.00
Ob us <14 wks single fetus	76801	\$ 277.00
Ob us >= 14 wks sngl fetus	76805	\$ 277.00
Ob us detailed sngl fetus	76811	\$ 542.00
Fetal biophys profil w/nst	76818	\$ 277.00
Fetal biophys profil w/o nst	76819	\$ 285.00
Echo exam of fetal heart	76825	\$ 989.00
Echo exam of fetal heart	76826	\$ 620.00
Transvaginal us non-ob	76830	\$ 277.00
Echo exam uterus	76831	\$ 444.00
Us exam pelvic complete	76856	\$ 277.00
Us exam pelvic limited	76857	\$ 154.00
Us transrectal	76872	\$ 277.00
Echograp trans r pros study	76873	\$ 277.00
Us compl joint r-t w/lmg	76881	\$ 107.00
Echo guide for artery repair	76936	\$ 792.00
Us bone density measure	76977	\$ 24.00
Us trgt dyn mubbb 1st les	76978	\$ 463.00
Use parenchyma	76981	\$ 277.00
Use 1st target lesion	76982	\$ 277.00
Mri breast c- unilateral	77046	\$ 618.00
Mri breast c- bilateral	77047	\$ 618.00
Ct bone density axial	77078	\$ 229.00
Dxa bone density axial	77080	\$ 154.00
Dxa bone density/peripheral	77081	\$ 118.00
Magnetic image bone marrow	77084	\$ 618.00
Set radiation therapy field	77280	\$ 342.00
Set radiation therapy field	77285	\$ 932.00
Set radiation therapy field	77290	\$ 932.00
3-d radiotherapy plan	77295	\$ 1,599.00
Unlisted px ther rad tx plng	77299	\$ 342.00
Radiation therapy dose plan	77300	\$ 214.00
Radiotherapy dose plan imrt	77301	\$ 3,495.00
Telethx isodose plan simple	77306	\$ 481.00
Telethx isodose plan cplx	77307	\$ 900.00
Brachytx isodose plan simple	77316	\$ 952.00
Brachytx isodose intermed	77317	\$ 932.00
Brachytx isodose complex	77318	\$ 932.00
Special telethx port plan	77321	\$ 296.00
Special radiation dosimetry	77331	\$ 167.00
Radiation treatment aid(s)	77332	\$ 113.00
Radiation treatment aid(s)	77333	\$ 342.00
Radiation treatment aid(s)	77334	\$ 414.00
Radiation physics consult	77336	\$ 342.00
Design mlc device for imrt	77338	\$ 932.00
Radiation physics consult	77370	\$ 342.00
Ntsty modul rad tx dlvtr smpl	77385	\$ 1,485.00
Ntsty modul rad tx dlvtr cplx	77386	\$ 1,485.00
Unlisted px med radj physics	77399	\$ 342.00
Radiation treatment delivery	77401	\$ 201.00
Radiation treatment delivery	77402	\$ 302.00
Radiation treatment delivery	77407	\$ 678.00
Radiation treatment delivery	77412	\$ 678.00

Name	CPT Code	Proposed Fee
Realignment of tendons	26437	\$ 7,386.00
Release palm/finger tendon	26440	\$ 3,983.00
Release palm & finger tendon	26442	\$ 7,386.00
Release hand/finger tendon	26445	\$ 7,386.00
Release forearm/hand tendon	26449	\$ 7,386.00
Incision of palm tendon	26450	\$ 7,386.00
Incision of finger tendon	26455	\$ 3,983.00
Incise hand/finger tendon	26460	\$ 3,983.00
Fusion of finger tendons	26471	\$ 7,386.00
Fusion of finger tendons	26474	\$ 3,983.00
Tendon lengthening	26476	\$ 7,386.00
Tendon shortening	26477	\$ 7,386.00
Lengthening of hand tendon	26478	\$ 7,386.00
Shortening of hand tendon	26479	\$ 7,386.00
Transplant hand tendon	26480	\$ 7,386.00
Transplant/graft hand tendon	26483	\$ 7,386.00
Transplant palm tendon	26485	\$ 7,386.00
Transplant/graft palm tendon	26489	\$ 7,386.00
Revise thumb tendon	26490	\$ 7,386.00
Tendon transfer with graft	26492	\$ 7,386.00
Hand tendon/muscle transfer	26494	\$ 7,386.00
Revise thumb tendon	26496	\$ 7,386.00
Finger tendon transfer	26497	\$ 7,386.00
Finger tendon transfer	26498	\$ 7,386.00
Revision of finger	26499	\$ 7,386.00
Hand tendon reconstruction	26500	\$ 16,498.00
Hand tendon reconstruction	26502	\$ 7,386.00
Release thumb contracture	26508	\$ 7,386.00
Thumb tendon transfer	26510	\$ 7,386.00
Fusion of knuckle joint	26516	\$ 4,740.00
Fusion of knuckle joints	26517	\$ 7,386.00
Fusion of knuckle joints	26518	\$ 16,498.00
Release knuckle contracture	26520	\$ 7,386.00
Release finger contracture	26525	\$ 3,983.00
Revise knuckle joint	26530	\$ 10,649.00
Revise knuckle with implant	26531	\$ 11,198.00
Revise finger joint	26535	\$ 7,386.00
Revise/implant finger joint	26536	\$ 10,819.00
Repair hand joint	26540	\$ 7,386.00
Repair hand joint with graft	26541	\$ 4,887.00
Repair hand joint with graft	26542	\$ 7,386.00
Reconstruct finger joint	26545	\$ 7,386.00
Repair nonunion hand	26546	\$ 16,498.00
Reconstruct finger joint	26548	\$ 7,386.00
Construct thumb replacement	26550	\$ 7,386.00
Positional change of finger	26555	\$ 16,498.00
Repair of web finger	26560	\$ 3,983.00
Repair of web finger	26561	\$ 7,386.00
Repair of web finger	26562	\$ 7,386.00
Correct metacarpal flaw	26565	\$ 7,386.00
Correct finger deformity	26567	\$ 7,386.00
Lengthen metacarpal/finger	26568	\$ 11,111.00
Repair hand deformity	26580	\$ 7,386.00
Reconstruct extra finger	26587	\$ 7,386.00
Repair finger deformity	26590	\$ 3,983.00
Repair muscles of hand	26591	\$ 7,386.00
Release muscles of hand	26593	\$ 7,386.00
Excision constricting tissue	26596	\$ 7,386.00
Treat metacarpal fracture	26600	\$ 595.00
Treat metacarpal fracture	26605	\$ 595.00
Treat metacarpal fracture	26607	\$ 7,386.00
Treat metacarpal fracture	26608	\$ 7,386.00
Treat metacarpal fracture	26615	\$ 7,386.00
Treat thumb dislocation	26641	\$ 595.00
Treat thumb fracture	26645	\$ 3,983.00
Treat thumb fracture	26650	\$ 7,386.00
Treat thumb fracture	26665	\$ 7,386.00
Treat hand dislocation	26670	\$ 595.00
Treat hand dislocation	26675	\$ 3,983.00
Pin hand dislocation	26676	\$ 7,386.00
Treat hand dislocation	26685	\$ 7,386.00
Treat hand dislocation	26686	\$ 7,386.00
Treat knuckle dislocation	26700	\$ 595.00
Treat knuckle dislocation	26705	\$ 3,983.00
Pin knuckle dislocation	26706	\$ 7,386.00
Treat knuckle dislocation	26715	\$ 7,386.00
Treat finger fracture each	26720	\$ 595.00
Treat finger fracture each	26725	\$ 595.00
Treat finger fracture each	26727	\$ 7,386.00
Treat finger fracture each	26735	\$ 7,386.00

Name	CPT Code	Proposed Fee
Repair of rectum	45505	\$ 6,560.00
Correct rectal prolapse	45541	\$ 6,560.00
Repair of rectocele	45560	\$ 6,560.00
Reduction of rectal prolapse	45900	\$ 2,305.00
Dilation of anal sphincter	45905	\$ 2,977.00
Dilation of rectal narrowing	45910	\$ 2,977.00
Remove rectal obstruction	45915	\$ 2,977.00
Surg dx exam anorectal	45990	\$ 6,560.00
Placement of seton	46020	\$ 6,560.00
Removal of rectal marker	46030	\$ 2,977.00
Incision of rectal abscess	46040	\$ 2,977.00
Incision of rectal abscess	46045	\$ 6,560.00
Incision of anal abscess	46050	\$ 2,305.00
Incision of rectal abscess	46060	\$ 6,560.00
Incision of anal septum	46070	\$ 6,560.00
Incision of anal sphincter	46080	\$ 6,560.00
Incise external hemorrhoid	46083	\$ 623.00
Removal of anal fissure	46200	\$ 6,560.00
Excise anal ext tag/papilla	46220	\$ 2,977.00
Ligation of hemorrhoid(s)	46221	\$ 942.00
Removal of anal tags	46230	\$ 6,560.00
Remove ext hem groups 2+	46250	\$ 6,560.00
Remove int/ext hem 1 group	46255	\$ 6,560.00
Remove in/ex hem grp & fiss	46257	\$ 6,560.00
Remove in/ex hem grp w/fistu	46258	\$ 6,560.00
Remove in/ex hem groups 2+	46260	\$ 6,560.00
Remove in/ex hem grps & fiss	46261	\$ 6,560.00
Remove in/ex hem grps w/fist	46262	\$ 6,560.00
Remove anal fist subq	46270	\$ 6,560.00
Remove anal fist inter	46275	\$ 6,560.00
Remove anal fist complex	46280	\$ 6,560.00
Remove anal fist 2 stage	46285	\$ 6,560.00
Repair anal fistula	46288	\$ 6,560.00
Removal of hemorrhoid clot	46320	\$ 730.00
Injection into hemorrhoid(s)	46500	\$ 1,195.00
Chemodenervation anal musc	46505	\$ 2,977.00
Anoscopy and dilation	46604	\$ 2,914.00
Anoscopy and biopsy	46606	\$ 1,132.00
Diagnostic anoscopy & biopsy	46607	\$ 2,977.00
Anoscopy remove for body	46608	\$ 2,305.00
Anoscopy remove lesion	46610	\$ 6,560.00
Anoscopy	46611	\$ 2,305.00
Anoscopy remove lesions	46612	\$ 6,560.00
Anoscopy control bleeding	46614	\$ 630.00
Anoscopy	46615	\$ 6,560.00
Repair of anal stricture	46700	\$ 6,560.00
Repr of anal fistula w/glue	46706	\$ 6,560.00
Repair anorectal fist w/plug	46707	\$ 4,424.00
Repair of anal sphincter	46750	\$ 6,560.00
Reconstruction of anus	46753	\$ 6,560.00
Removal of suture from anus	46754	\$ 6,560.00
Repair of anal sphincter	46760	\$ 6,560.00
Repair of anal sphincter	46761	\$ 6,560.00
Destruction anal lesion(s)	46900	\$ 822.00
Destruction anal lesion(s)	46910	\$ 929.00
Cryosurgery anal lesion(s)	46916	\$ 505.00
Laser surgery anal lesions	46917	\$ 6,560.00
Excision of anal lesion(s)	46922	\$ 6,560.00
Destruction anal lesion(s)	46924	\$ 6,560.00
Destroy internal hemorrhoids	46930	\$ 758.00
Treatment of anal fissure	46940	\$ 866.00
Treatment of anal fissure	46942	\$ 856.00
Int hrhc lig 1 hroid w/o img	46945	\$ 6,560.00
Int hrhc lig 2+hroid w/o img	46946	\$ 6,560.00
Hemorrhoidectomy by stapling	46947	\$ 6,560.00
Int hrhc tranal dartzj 2+	46948	\$ 6,560.00
Needle biopsy of liver	47000	\$ 3,321.00
Percut ablate liver rf	47382	\$ 13,155.00
Perq abltj lvr cryoablation	47383	\$ 16,028.00
Plmt biliary drainage cath	47533	\$ 7,886.00
Plmt biliary drainage cath	47534	\$ 7,886.00
Conversion ext bil drg cath	47535	\$ 7,886.00
Exchange biliary drg cath	47536	\$ 7,886.00
Removal biliary drg cath	47537	\$ 2,286.00
Perq plmt bile duct stent	47538	\$ 9,302.00
Perq plmt bile duct stent	47539	\$ 13,155.00
Perq plmt bile duct stent	47540	\$ 9,258.00
Plmt access bil tree sm bwl	47541	\$ 12,134.00
Biliary endo perq dx w/speci	47552	\$ 18,100.00
Biliary endoscopy thru skin	47553	\$ 18,100.00

Name	CPT Code	Proposed Fee
Neutron beam tx complex	77423	\$ 159.00
Io rad tx delivery by x-ray	77424	\$ 10,447.00
Io rad tx deliver by elctns	77425	\$ 10,447.00
Special radiation treatment	77470	\$ 343.00
Proton trmt simple w/o comp	77520	\$ 1,485.00
Proton trmt simple w/comp	77522	\$ 3,578.00
Proton trmt intermediate	77523	\$ 3,578.00
Proton treatment complex	77525	\$ 3,578.00
Hyperthermia treatment	77600	\$ 678.00
Hyperthermia treatment	77605	\$ 1,808.00
Hyperthermia treatment	77610	\$ 1,485.00
Hyperthermia treatment	77615	\$ 1,485.00
Hyperthermia treatment	77620	\$ 1,485.00
Infuse radioactive materials	77750	\$ 1,059.00
Apply intrcav radiat simple	77761	\$ 1,387.00
Apply intrcav radiat interm	77762	\$ 1,705.00
Apply intrcav radiat compl	77763	\$ 2,320.00
Hdr rdndcl skn surf brachytx	77767	\$ 678.00
Hdr rdndcl skn surf brachytx	77768	\$ 678.00
Hdr rdndcl ntrstl/icav brchtx	77770	\$ 1,353.00
Hdr rdndcl ntrstl/icav brchtx	77771	\$ 1,808.00
Hdr rdndcl ntrstl/icav brchtx	77772	\$ 1,808.00
Apply interstic radiat compl	77778	\$ 1,808.00
Apply surf ldr radionuclide	77789	\$ 302.00
Unlisted px cln brachytx	77799	\$ 302.00
Thyroid uptake measurement	78012	\$ 1,040.00
Thyroid imaging w/blood flow	78013	\$ 1,040.00
Thyroid imaging w/blood flow	78014	\$ 1,040.00
Thyroid met imaging	78015	\$ 1,040.00
Thyroid met imaging/studies	78016	\$ 1,040.00
Thyroid met imaging/body	78018	\$ 1,363.00
Parathyroid planar imaging	78070	\$ 1,040.00
Parathyrd planar w/wo subtrj	78071	\$ 1,040.00
Parathyrd planar w/spect&ct	78072	\$ 1,363.00
Adrenal cortex & medulla img	78075	\$ 3,582.00
Unlisted endocrine px dx nuc	78099	\$ 1,040.00
Bone marrow imaging ltd	78102	\$ 1,040.00
Bone marrow imaging mult	78103	\$ 1,040.00
Bone marrow imaging body	78104	\$ 1,040.00
Plasma volume single	78110	\$ 3,582.00
Plasma volume multiple	78111	\$ 3,582.00
Red cell mass single	78120	\$ 1,040.00
Red cell mass multiple	78121	\$ 1,363.00
Blood volume	78122	\$ 1,363.00
Red cell survival study	78130	\$ 1,040.00
Red cell sequestration	78140	\$ 1,040.00
Spleen imaging	78185	\$ 1,040.00
Platelet survival	78191	\$ 1,040.00
Lymph system imaging	78195	\$ 1,363.00
Unlstd hematop ret/endo lymf	78199	\$ 1,040.00
Liver imaging	78201	\$ 1,363.00
Liver imaging with flow	78202	\$ 1,363.00
Liver and spleen imaging	78215	\$ 1,040.00
Liver & spleen image/flow	78216	\$ 1,040.00
Hepatobiliary system imaging	78226	\$ 1,040.00
Hepatobil syst image w/drug	78227	\$ 1,363.00
Salivary gland imaging	78230	\$ 1,040.00
Serial salivary imaging	78231	\$ 1,040.00
Salivary gland function exam	78232	\$ 1,040.00
Esophageal motility study	78258	\$ 1,040.00
Gastric mucosa imaging	78261	\$ 1,040.00
Gastroesophageal reflux exam	78262	\$ 1,040.00
Gastric emptying imag study	78264	\$ 1,040.00
Gastric emptying imag study	78265	\$ 1,040.00
Gastric emptying imag study	78266	\$ 1,363.00
Acute gi blood loss imaging	78278	\$ 1,040.00
Gi protein loss exam	78282	\$ 1,040.00
Meckels divert exam	78290	\$ 1,040.00
Leveen/shunt patency exam	78291	\$ 1,040.00
Unlisted gi px dx nuc med	78299	\$ 1,040.00
Bone imaging limited area	78300	\$ 1,040.00
Bone imaging multiple areas	78305	\$ 1,040.00
Bone imaging whole body	78306	\$ 1,040.00
Bone imaging 3 phase	78315	\$ 1,040.00
Unlisted musckel px dx nuc	78399	\$ 1,040.00
Non-imaging heart function	78414	\$ 1,363.00
Cardiac shunt imaging	78428	\$ 1,040.00
Myocrd img pet 1 std w/ct	78429	\$ 3,946.00
Myocrd img pet rst/strs w/ct	78430	\$ 3,946.00
Myocrd img pet rst&strs ct	78431	\$ 5,958.00

Name	CPT Code	Proposed Fee
Treat finger fracture each	26740	\$ 595.00
Treat finger fracture each	26742	\$ 3,983.00
Treat finger fracture each	26746	\$ 7,386.00
Treat finger fracture each	26750	\$ 595.00
Treat finger fracture each	26755	\$ 595.00
Pin finger fracture each	26756	\$ 7,386.00
Treat finger fracture each	26765	\$ 7,386.00
Treat finger dislocation	26770	\$ 595.00
Treat finger dislocation	26775	\$ 677.00
Pin finger dislocation	26776	\$ 7,386.00
Treat finger dislocation	26785	\$ 7,386.00
Thumb fusion with graft	26820	\$ 16,498.00
Fusion of thumb	26841	\$ 16,498.00
Thumb fusion with graft	26842	\$ 16,498.00
Fusion of hand joint	26843	\$ 16,498.00
Fusion/graft of hand joint	26844	\$ 11,304.00
Fusion of knuckle	26850	\$ 16,498.00
Fusion of knuckle with graft	26852	\$ 16,498.00
Fusion of finger joint	26860	\$ 7,386.00
Fusion/graft of finger joint	26862	\$ 7,386.00
Amputate metacarpal bone	26910	\$ 7,386.00
Amputation of finger/thumb	26951	\$ 7,386.00
Amputation of finger/thumb	26952	\$ 7,386.00
Drainage of pelvis lesion	26990	\$ 7,386.00
Drainage of pelvis bursa	26991	\$ 3,983.00
Incision of hip tendon	27000	\$ 3,983.00
Incision of hip tendon	27001	\$ 7,386.00
Incision of hip tendon	27003	\$ 16,498.00
Incision of hip tendons	27006	\$ 7,386.00
Exploration of hip joint	27033	\$ 16,498.00
Deneration of hip joint	27035	\$ 7,386.00
Biopsy of soft tissues	27040	\$ 3,321.00
Biopsy of soft tissues	27041	\$ 3,321.00
Exc hip pelvis les sc 3 cm/>	27043	\$ 5,627.00
Exc hip/pelv tum deep 5 cm/>	27045	\$ 5,627.00
Exc hip/pelvis les sc < 3 cm	27047	\$ 5,627.00
Exc hip/pelv tum deep < 5 cm	27048	\$ 5,627.00
Resect hip/pelv tum < 5 cm	27049	\$ 5,627.00
Biopsy of sacroiliac joint	27050	\$ 3,983.00
Biopsy of hip joint	27052	\$ 3,983.00
Resect hip/pelv tum 5 cm/>	27059	\$ 5,627.00
Removal of ischial bursa	27060	\$ 16,498.00
Remove femur lesion/bursa	27062	\$ 7,386.00
Remove hip bone les super	27065	\$ 16,498.00
Remove hip bone les deep	27066	\$ 7,386.00
Remove/graft hip bone lesion	27067	\$ 16,498.00
Removal of tail bone	27080	\$ 7,386.00
Remove hip foreign body	27086	\$ 5,627.00
Remove hip foreign body	27087	\$ 7,386.00
Revision of hip tendon	27097	\$ 7,386.00
Transfer tendon to pelvis	27098	\$ 7,386.00
Transfer of abdominal muscle	27100	\$ 16,498.00
Transfer of spinal muscle	27105	\$ 7,386.00
Transfer of iliopsoas muscle	27110	\$ 11,011.00
Transfer of iliopsoas muscle	27111	\$ 7,386.00
Total hip arthroplasty	27130	\$ 22,461.00
Clsd tx pelvic ring fx	27197	\$ 595.00
Clsd tx pelvic ring fx	27198	\$ 595.00
Treat tail bone fracture	27200	\$ 584.00
Treat tail bone fracture	27202	\$ 7,386.00
Treat hip socket fracture	27220	\$ 595.00
Treat thigh fracture	27230	\$ 595.00
Treat thigh fracture	27238	\$ 3,983.00
Treat thigh fracture	27246	\$ 595.00
Treat hip dislocation	27250	\$ 595.00
Treat hip dislocation	27252	\$ 3,983.00
Treat hip dislocation	27256	\$ 595.00
Treat hip dislocation	27257	\$ 3,983.00
Treat hip dislocation	27265	\$ 595.00
Treat hip dislocation	27266	\$ 3,983.00
Cltx thigh fx	27267	\$ 7,386.00
Manipulation of hip joint	27275	\$ 3,983.00
Arthrd si jt prq wo tfxj dev	27278	\$ 28,408.00
Arthrd si jt prq/min rvas	27279	\$ 35,750.00
Drain thigh/knee lesion	27301	\$ 5,627.00
Incise thigh tendon & fascia	27305	\$ 7,386.00
Incision of thigh tendon	27306	\$ 7,386.00
Incision of thigh tendons	27307	\$ 7,386.00
Exploration of knee joint	27310	\$ 7,386.00
Biopsy thigh soft tissues	27323	\$ 3,321.00

Name	CPT Code	Proposed Fee
Biliary endoscopy thru skin	47554	\$ 22,079.00
Biliary endoscopy thru skin	47555	\$ 5,277.00
Biliary endoscopy thru skin	47556	\$ 14,812.00
Laparoscopic cholecystectomy	47562	\$ 13,155.00
Laparo cholecystectomy/graph	47563	\$ 13,155.00
Laparo cholecystectomy/explr	47564	\$ 22,079.00
Needle biopsy pancreas	48102	\$ 3,321.00
Abd paracentesis	49082	\$ 2,286.00
Abd paracentesis w/imaging	49083	\$ 2,286.00
Peritoneal lavage	49084	\$ 2,286.00
Biopsy abdominal mass	49180	\$ 3,321.00
Excision of umbilicus	49250	\$ 7,886.00
Diag laparo separate proc	49320	\$ 13,155.00
Laparoscopy biopsy	49321	\$ 13,155.00
Laparoscopy aspiration	49322	\$ 13,155.00
Lap insert tunnel ip cath	49324	\$ 13,155.00
Lap revision perm ip cath	49325	\$ 13,155.00
Remove foreign body abdomen	49402	\$ 7,886.00
Image cath fluid peri/retro	49406	\$ 3,321.00
Image cath fluid trns/vgnl	49407	\$ 3,321.00
Ins mark abd/pel for rt perq	49411	\$ 1,687.00
Insert tun ip cath perc	49418	\$ 7,886.00
Insert tun ip cath w/port	49419	\$ 14,116.00
Ins tun ip cath for dial opn	49421	\$ 7,886.00
Remove tunneled ip cath	49422	\$ 7,527.00
Exchange drainage catheter	49423	\$ 4,045.00
Revise abdomen-venous shunt	49426	\$ 7,886.00
Removal of shunt	49429	\$ 7,527.00
Embedded ip cath exit-site	49436	\$ 4,045.00
Place gastrostomy tube perc	49440	\$ 4,045.00
Place duod/jej tube perc	49441	\$ 4,045.00
Place cecostomy tube perc	49442	\$ 2,977.00
Change g-tube to g-j perc	49446	\$ 4,045.00
Replace g/c tube perc	49450	\$ 2,286.00
Replace duod/jej tube perc	49451	\$ 2,286.00
Replace g-j tube perc	49452	\$ 2,286.00
Fix g/colon tube w/device	49460	\$ 2,286.00
Fluoro exam of g/colon tube	49465	\$ 618.00
Rpr ing hernia baby reduc	49495	\$ 7,886.00
Rpr ing hernia baby blocked	49496	\$ 7,886.00
Rpr ing hernia init reduce	49500	\$ 18,100.00
Rpr ing hernia init blocked	49501	\$ 7,886.00
Prp i/hern init reduc >5 yr	49505	\$ 7,886.00
Prp i/hern init block >5 yr	49507	\$ 7,886.00
Rerepair ing hernia reduce	49520	\$ 7,886.00
Rerepair ing hernia blocked	49521	\$ 18,100.00
Repair ing hernia sliding	49525	\$ 7,886.00
Repair lumbar hernia	49540	\$ 13,155.00
Rpr rem hernia init reduce	49550	\$ 7,886.00
Rpr fem hernia init blocked	49553	\$ 7,886.00
Rerepair fem hernia reduce	49555	\$ 7,886.00
Rerepair fem hernia blocked	49557	\$ 7,886.00
Rpr aa hrn 1st < 3 cm rdc	49591	\$ 7,886.00
Rpr aa hrn 1st < 3 ncr/stm	49592	\$ 13,155.00
Rpr aa hrn 1st 3-10 rdc	49593	\$ 7,886.00
Rpr aa hrn 1st 3-10 ncr/stm	49594	\$ 13,155.00
Rpr aa hrn 1st > 10 rdc	49595	\$ 7,886.00
Repair umbilical lesion	49600	\$ 7,886.00
Rpr aa hrn rcr < 3 rdc	49613	\$ 7,886.00
Rpr aa hrn rcr < 3 ncr/stm	49614	\$ 13,155.00
Rpr aa hrn rcr 3-10 rdc	49615	\$ 7,886.00
Lap ing hernia repair init	49650	\$ 13,155.00
Lap ing hernia repair recur	49651	\$ 13,155.00
Perq nl/pl lithotrp smpl<2cm	50080	\$ 22,102.00
Perq nl/pl lithotrp cplx>2cm	50081	\$ 22,102.00
Renal biopsy perq	50200	\$ 3,321.00
Change ureter stent percut	50382	\$ 4,521.00
Remove ureter stent percut	50384	\$ 4,521.00
Change stent via transureth	50385	\$ 4,521.00
Remove stent via transureth	50386	\$ 3,063.00
Change nephroureteral cath	50387	\$ 4,521.00
Remove renal tube w/fluoro	50389	\$ 1,523.00
Drainage of kidney lesion	50390	\$ 1,775.00
Instll rx agnt into renal tub	50391	\$ 251.00
Measure kidney pressure	50396	\$ 1,523.00
Plmt nephrostomy catheter	50432	\$ 4,521.00
Plmt nephroureteral catheter	50433	\$ 7,907.00
Convert nephrostomy catheter	50434	\$ 4,521.00
Exchange nephrostomy cath	50435	\$ 4,521.00
Dilat xst trc ndurige px	50436	\$ 7,907.00

Name	CPT Code	Proposed Fee
Myocrd img pet 2rtracer	78432	\$ 4,899.00
Myocrd img pet 2rtracer ct	78433	\$ 5,164.00
Vascular flow imaging	78445	\$ 1,040.00
Ht muscle image spect sing	78451	\$ 3,582.00
Ht muscle image spect mult	78452	\$ 3,582.00
Ht muscle image planar sing	78453	\$ 3,582.00
Ht musc image planar mult	78454	\$ 3,582.00
Acute venous thrombus image	78456	\$ 3,582.00
Venous thrombosis imaging	78457	\$ 1,363.00
Ven thrombosis images bilat	78458	\$ 1,040.00
Myocrd img pet single study	78459	\$ 3,582.00
Heart infarct image	78466	\$ 1,040.00
Heart infarct image (ef)	78468	\$ 1,363.00
Heart infarct image (3d)	78469	\$ 1,363.00
Gated heart planar single	78472	\$ 1,040.00
Gated heart multiple	78473	\$ 1,040.00
Heart first pass single	78481	\$ 1,363.00
Heart first pass multiple	78483	\$ 1,363.00
Myocrd img pet 1std rst/strs	78491	\$ 3,946.00
Myocrd img pet mlt rst&strs	78492	\$ 3,946.00
Heart image spect	78494	\$ 1,040.00
Unlisted cv px dx nuc med	78499	\$ 1,040.00
Lung ventilation imaging	78579	\$ 1,040.00
Lung perfusion imaging	78580	\$ 1,040.00
Lung ventilat&perfus imaging	78582	\$ 1,363.00
Lung perfusion differential	78597	\$ 1,040.00
Lung perf&ventilat diferent	78598	\$ 1,363.00
Unlisted resp px dx nuc med	78599	\$ 1,040.00
Brain image < 4 views	78600	\$ 1,040.00
Brain image w/flow < 4 views	78601	\$ 1,040.00
Brain image 4+ views	78605	\$ 1,363.00
Brain image w/flow 4+ views	78606	\$ 1,363.00
Brain imaging (pet)	78608	\$ 3,946.00
Brain flow imaging only	78610	\$ 1,363.00
Cerebrospinal fluid scan	78630	\$ 1,363.00
Csf ventriculography	78635	\$ 1,363.00
Csf shunt evaluation	78645	\$ 1,363.00
Csf leakage imaging	78650	\$ 3,582.00
Nuclear exam of tear flow	78660	\$ 1,040.00
Unlisted nrvs sys px dx nuc	78699	\$ 1,040.00
Kidney imaging morphol	78700	\$ 1,040.00
Kidney imaging with flow	78701	\$ 1,040.00
K flow/funcnt image w/o drug	78707	\$ 1,363.00
K flow/funcnt image w/drug	78708	\$ 1,363.00
K flow/funcnt image multiple	78709	\$ 1,363.00
Kidney function study	78725	\$ 1,040.00
Ureteral reflux study	78740	\$ 1,040.00
Testicular imaging w/flow	78761	\$ 1,040.00
Unlisted gu px dx nuc med	78799	\$ 1,040.00
Rp loclzj tum 1 area 1 d img	78800	\$ 1,040.00
Rp loclzj tum 2+area 1-d img	78801	\$ 1,040.00
Rp loclzj tum whbdy 1 d img	78802	\$ 3,582.00
Rp loclzj tum spect 1 area	78803	\$ 3,582.00
Rp loclzj tum whbdy 2-d img	78804	\$ 3,582.00
Pet image ltd area	78811	\$ 3,582.00
Pet image skull-thigh	78812	\$ 3,946.00
Pet image full body	78813	\$ 3,946.00
Pet image w/ct lmt d	78814	\$ 3,946.00
Pet image w/ct skull-thigh	78815	\$ 3,946.00
Pet image w/ct full body	78816	\$ 3,946.00
Rp loclzj tum spect w/ct 1	78830	\$ 3,582.00
Rp loclzj tum spect 2 areas	78831	\$ 3,582.00
Rp loclzj tum spect w/ct 2	78832	\$ 3,946.00
Unlisted misc px dx nuc med	78999	\$ 1,040.00
Nuclear rx oral admin	79005	\$ 343.00
Nuclear rx iv admin	79101	\$ 374.00
Nuclear rx intracav admin	79200	\$ 301.00
Nuclr rx intersit colloïd	79300	\$ 628.00
Hematopoietic nuclear tx	79403	\$ 631.00
Nuclear rx intra-articular	79440	\$ 240.00
Nuclear rx intra-arterial	79445	\$ 628.00
Rp therapy unlisted px	79999	\$ 628.00
G-esoph reflx tst w/electrod	91035	\$ 1,352.00
Prq cardiac angioplast 1 art	92920	\$ 8,293.00
Prq card stent w/angio 1 vsl	92928	\$ 16,077.00
Right heart cath	93451	\$ 7,938.00
Left hrt cath w/ventrldgrphy	93452	\$ 7,938.00
R&I hrt cath w/ventrldgrphy	93453	\$ 7,938.00
Coronary artery angio s&i	93454	\$ 7,938.00
Coronary art/grft angio s&i	93455	\$ 7,938.00

Name	CPT Code	Proposed Fee
Biopsy thigh soft tissues	27324	\$ 5,627.00
Neurectomy hamstring	27325	\$ 4,365.00
Neurectomy popliteal	27326	\$ 4,365.00
Exc thigh/knee les sc < 3 cm	27327	\$ 3,321.00
Exc thigh/knee tum deep <5cm	27328	\$ 5,627.00
Resect thigh/knee tum < 5 cm	27329	\$ 5,627.00
Biopsy knee joint lining	27330	\$ 7,386.00
Explore/treat knee joint	27331	\$ 7,386.00
Removal of knee cartilage	27332	\$ 7,386.00
Removal of knee cartilage	27333	\$ 7,386.00
Remove knee joint lining	27334	\$ 7,386.00
Remove knee joint lining	27335	\$ 16,498.00
Exc thigh/knee les sc 3 cm/>	27337	\$ 5,627.00
Exc thigh/knee tum dep 5cm/>	27339	\$ 5,627.00
Removal of kneecap bursa	27340	\$ 7,386.00
Removal of knee cyst	27345	\$ 7,386.00
Remove knee cyst	27347	\$ 7,386.00
Removal of kneecap	27350	\$ 16,498.00
Remove femur lesion	27355	\$ 7,386.00
Remove femur lesion/graft	27356	\$ 20,053.00
Remove femur lesion/graft	27357	\$ 10,389.00
Partial removal leg bone(s)	27360	\$ 7,386.00
Resect thigh/knee tum 5 cm/>	27364	\$ 5,627.00
Removal of foreign body	27372	\$ 5,627.00
Repair of kneecap tendon	27380	\$ 16,498.00
Repair/graft kneecap tendon	27381	\$ 10,438.00
Repair of thigh muscle	27385	\$ 16,498.00
Repair/graft of thigh muscle	27386	\$ 16,498.00
Incision of thigh tendon	27390	\$ 7,386.00
Incision of thigh tendons	27391	\$ 7,386.00
Incision of thigh tendons	27392	\$ 7,386.00
Lengthening of thigh tendon	27393	\$ 16,498.00
Lengthening of thigh tendons	27394	\$ 16,498.00
Lengthening of thigh tendons	27395	\$ 7,386.00
Transplant of thigh tendon	27396	\$ 16,498.00
Transplants of thigh tendons	27397	\$ 16,498.00
Revise thigh muscles/tendons	27400	\$ 16,498.00
Repair of knee cartilage	27403	\$ 11,489.00
Repair of knee ligament	27405	\$ 16,498.00
Repair of knee ligament	27407	\$ 11,281.00
Repair of knee ligaments	27409	\$ 16,498.00
Autochondrocyte implant knee	27412	\$ 14,276.00
Osteochondral knee allograft	27415	\$ 23,288.00
Osteochondral knee autograft	27416	\$ 16,498.00
Repair degenerated kneecap	27418	\$ 16,498.00
Revision of unstable kneecap	27420	\$ 16,498.00
Revision of unstable kneecap	27422	\$ 16,498.00
Revision/removal of kneecap	27424	\$ 16,498.00
Lat reticular release open	27425	\$ 7,386.00
Reconstruction knee	27427	\$ 10,908.00
Reconstruction knee	27428	\$ 20,069.00
Reconstruction knee	27429	\$ 20,792.00
Revision of thigh muscles	27430	\$ 16,498.00
Incision of knee joint	27435	\$ 7,386.00
Revise kneecap	27437	\$ 16,498.00
Revise kneecap with implant	27438	\$ 20,570.00
Revision of knee joint	27440	\$ 20,538.00
Revision of knee joint	27441	\$ 31,608.00
Revision of knee joint	27442	\$ 21,151.00
Revision of knee joint	27443	\$ 21,180.00
Revision of knee joint	27446	\$ 21,653.00
Total knee arthroplasty	27447	\$ 22,001.00
Surgery to stop leg growth	27475	\$ 16,498.00
Surgery to stop leg growth	27479	\$ 16,498.00
Decompression of thigh/knee	27496	\$ 7,386.00
Decompression of thigh/knee	27497	\$ 7,386.00
Decompression of thigh/knee	27498	\$ 3,983.00
Decompression of thigh/knee	27499	\$ 16,498.00
Treatment of thigh fracture	27500	\$ 595.00
Treatment of thigh fracture	27501	\$ 595.00
Treatment of thigh fracture	27502	\$ 3,983.00
Treatment of thigh fracture	27503	\$ 3,983.00
Treatment of thigh fracture	27508	\$ 595.00
Treatment of thigh fracture	27509	\$ 11,178.00
Treatment of thigh fracture	27510	\$ 3,983.00
Treat thigh fx growth plate	27516	\$ 595.00
Treat thigh fx growth plate	27517	\$ 3,983.00
Treat kneecap fracture	27520	\$ 595.00
Treat kneecap fracture	27524	\$ 16,498.00
Treat knee fracture	27530	\$ 595.00

Name	CPT Code	Proposed Fee
Dilat xst trc new access rcs	50437	\$ 7,907.00
Kidney endoscopy	50551	\$ 12,016.00
Kidney endoscopy	50553	\$ 12,016.00
Kidney endoscopy & biopsy	50555	\$ 22,102.00
Kidney endoscopy & treatment	50557	\$ 22,102.00
Kidney endoscopy & treatment	50561	\$ 12,016.00
Renal scope w/tumor resect	50562	\$ 22,102.00
Kidney endoscopy	50570	\$ 7,907.00
Kidney endoscopy	50572	\$ 1,523.00
Kidney endoscopy & biopsy	50574	\$ 7,907.00
Kidney endoscopy	50575	\$ 12,016.00
Kidney endoscopy & treatment	50576	\$ 22,102.00
Kidney endoscopy & treatment	50580	\$ 12,016.00
Fragmenting of kidney stone	50590	\$ 7,907.00
Perc rf ablate renal tumor	50592	\$ 13,155.00
Perc cryo ablate renal tum	50593	\$ 15,628.00
Measure ureter pressure	50686	\$ 394.00
Change of ureter tube/stent	50688	\$ 4,521.00
Plmt ureteral stent prq	50693	\$ 7,907.00
Plmt ureteral stent prq	50694	\$ 7,907.00
Plmt ureteral stent prq	50695	\$ 7,907.00
Revise ureter	50727	\$ 7,907.00
Laparo new ureter/bladder	50947	\$ 22,079.00
Laparo new ureter/bladder	50948	\$ 22,079.00
Endoscopy of ureter	50951	\$ 7,907.00
Endoscopy of ureter	50953	\$ 7,907.00
Ureter endoscopy & biopsy	50955	\$ 12,016.00
Ureter endoscopy & treatment	50957	\$ 12,016.00
Ureter endoscopy & treatment	50961	\$ 12,016.00
Ureter endoscopy	50970	\$ 7,907.00
Ureter endoscopy & catheter	50972	\$ 7,907.00
Ureter endoscopy & biopsy	50974	\$ 12,016.00
Ureter endoscopy & treatment	50976	\$ 12,016.00
Ureter endoscopy & treatment	50980	\$ 12,016.00
Incise & treat bladder	51020	\$ 7,907.00
Incise & treat bladder	51030	\$ 7,907.00
Incise & drain bladder	51040	\$ 4,521.00
Incise bladder/drain ureter	51045	\$ 4,521.00
Removal of bladder stone	51050	\$ 12,016.00
Remove ureter calculus	51065	\$ 7,907.00
Drainage of bladder abscess	51080	\$ 5,627.00
Drain bladder by needle	51100	\$ 217.00
Drain bladder by trocar/cath	51101	\$ 562.00
Drain bl w/cath insertion	51102	\$ 4,521.00
Removal of bladder cyst	51500	\$ 13,155.00
Removal of bladder lesion	51520	\$ 7,907.00
Repair of ureter lesion	51535	\$ 7,907.00
Irrigation of bladder	51700	\$ 262.00
Insert bladder cath complex	51703	\$ 394.00
Change of bladder tube	51705	\$ 311.00
Change of bladder tube	51710	\$ 1,523.00
Endoscopic injection/implant	51715	\$ 5,466.00
Treatment of bladder lesion	51720	\$ 272.00
Simple cystometrogram	51725	\$ 623.00
Complex cystometrogram	51726	\$ 623.00
Cystometrogram w/up	51727	\$ 1,395.00
Cystometrogram w/vp	51728	\$ 1,391.00
Cystometrogram w/vp&up	51729	\$ 1,410.00
Anal/urinary muscle study	51784	\$ 178.00
Anal/urinary muscle study	51785	\$ 623.00
Repair of bladder opening	51880	\$ 7,907.00
Laparo sling operation	51992	\$ 8,911.00
Cystoscopy	52000	\$ 1,523.00
Cystoscopy removal of clots	52001	\$ 7,907.00
Cystoscopy & ureter catheter	52005	\$ 4,521.00
Cystoscopy and biopsy	52007	\$ 7,907.00
Cystoscopy & duct catheter	52010	\$ 1,523.00
Cystoscopy w/biopsy(s)	52204	\$ 4,521.00
Cystoscopy and treatment	52214	\$ 7,907.00
Cystoscopy and treatment	52224	\$ 7,907.00
Cystoscopy and treatment	52234	\$ 7,907.00
Cystoscopy and treatment	52235	\$ 7,907.00
Cystoscopy and treatment	52240	\$ 12,016.00
Cystoscopy and radiotracer	52250	\$ 7,907.00
Cystoscopy and treatment	52260	\$ 4,521.00
Cystoscopy and treatment	52265	\$ 1,268.00
Cystoscopy & revise urethra	52270	\$ 4,521.00
Cystoscopy & revise urethra	52275	\$ 4,521.00
Cystoscopy and treatment	52276	\$ 4,521.00
Cystoscopy and treatment	52277	\$ 7,907.00

Name	CPT Code	Proposed Fee
R hrt coronary artery angio	93456	\$ 7,938.00
R hrt art/grft angio	93457	\$ 7,938.00
L hrt artery/ventricle angio	93458	\$ 7,938.00
L hrt art/grft angio	93459	\$ 7,938.00
R&L hrt art/ventricle angio	93460	\$ 7,938.00
R&L hrt art/ventricle angio	93461	\$ 7,938.00
Dup scan hemo compl bi std	93985	\$ 618.00
Dup scan hemo compl uni std	93986	\$ 277.00
Iodine i-125 sodium iodide	A9527	\$ 301.00
Brachytx, non-str, gold-198	C1716	\$ 1,355.00
Brachytx, non-str, hdr ir-192	C1717	\$ 1,735.00
Brachytx, ns, non-hdrir-192	C1719	\$ 1,742.00
Brachytx, non-str, yttrium-90	C2616	\$ 85,885.00
Brachytx, non-str, ha, i-125	C2634	\$ 754.00
Brachytx, non-str, ha, p-103	C2635	\$ 296.00
Brachy linear, non-str,p-103	C2636	\$ 270.00
Brachytx, stranded, i-125	C2638	\$ 209.00
Brachytx, non-stranded,i-125	C2639	\$ 175.00
Brachytx, stranded, p-103	C2640	\$ 381.00
Brachytx, non-stranded,p-103	C2641	\$ 369.00
Brachytx, stranded, c-131	C2642	\$ 488.00
Brachytx, non-stranded,c-131	C2643	\$ 402.00
Brachytx planar, p-103	C2645	\$ 23.00
Brachytx, stranded, nos	C2698	\$ 209.00
Brachytx, non-stranded, nos	C2699	\$ 175.00
Low cost skin substitute app	C5271	\$ 1,584.00
Low cost skin substitute app	C5273	\$ 4,600.00
Low cost skin substitute app	C5275	\$ 1,584.00
Low cost skin substitute app	C5277	\$ 1,584.00
Deb bone 20 cm2 w/drug dev	C7500	\$ 5,627.00
Perc bx breast lesions stero	C7501	\$ 5,627.00
Perc bx breast lesions mro	C7502	\$ 5,627.00
Open exc cerv node(s) w/ id	C7503	\$ 12,331.00
Perq cvt&ls inj vert bodies	C7504	\$ 16,498.00
Perq ls&cvt inj vert bodies	C7505	\$ 16,498.00
Fusion of finger joints	C7506	\$ 16,498.00
Perq thor&lumb vert aug	C7507	\$ 31,608.00
Perq lumb&thor vert aug	C7508	\$ 31,608.00
Dx bronch w/ navigation	C7509	\$ 7,618.00
Bronch/lavag w/ navigation	C7510	\$ 7,618.00
Bronch/bsps(s) w/ navigation	C7511	\$ 7,618.00
Bronch/bsps(s) w/ ebus	C7512	\$ 7,618.00
Cath/angio dialcir w/aplasty	C7513	\$ 7,527.00
Cath/angio dial cir w/stents	C7514	\$ 7,527.00
Cath/angio dial cir w/embol	C7515	\$ 7,527.00
Cor angio w/ ivus or oct	C7516	\$ 12,283.00
Cor angio w/ilic/fem angio	C7517	\$ 12,283.00
Cor/gft angio w/ilic/fem ang	C7520	\$ 12,283.00
R hrt angio w/ ivus or oct	C7521	\$ 12,283.00
R hrt angio w/flow resrv	C7522	\$ 12,283.00
L hrt angio w/ ivus or oct	C7523	\$ 12,283.00
L hrt angio w/flow resrv	C7524	\$ 12,283.00
L hrt gft ang w/ ivus or oct	C7525	\$ 12,283.00
L hrt gft ang w/flow resrv	C7526	\$ 12,283.00
R&L hrt angio w/ ivus or oct	C7527	\$ 12,283.00
R&L hrt angio w/flow resrv	C7528	\$ 12,283.00
R&L hrt gft ang w/flow resrv	C7529	\$ 12,283.00
Cath/aplasty dial cir w/stnt	C7530	\$ 23,571.00
Angio fem/pop w/ us	C7531	\$ 14,033.00
Angio w/ us non-coronary	C7532	\$ 13,614.00
Ptca w/ plcmr brachytx dev	C7533	\$ 13,936.00
Fem/pop revasc w/stent & us	C7535	\$ 24,415.00
Insrt atril pm w/l vent lead	C7537	\$ 25,685.00
Insrt vent pm w/l vent lead	C7538	\$ 26,164.00
Insrt a & v pm w/l vent lead	C7539	\$ 26,693.00
Rmv&rplc pm dul w/l vnt lead	C7540	\$ 26,273.00
Exch bil cath w/ rmv calculi	C7545	\$ 12,522.00
Cnvrt neph cath w/ dil stric	C7547	\$ 7,907.00
Exch neph cath w/ dil stric	C7548	\$ 7,907.00
Cysto w/ bx(s) w/ blue light	C7550	\$ 7,907.00
Exc neuroma w/ implt nv end	C7551	\$ 14,650.00
Cystureth blu li cyst fl img	C7554	\$ 4,521.00
Bronch lavage w/ebus	C7556	\$ 7,618.00
Cor angio/vent w/ffr	C7557	\$ 12,283.00
Cor angio/vent w/drug admin	C7558	\$ 12,283.00
Ercp remove forgn body&endo	C7560	\$ 8,748.00
Mra w/cont, abd	C8900	\$ 970.00
Mra w/o cont, abd	C8901	\$ 618.00
Mra w/o fol w/cont, abd	C8902	\$ 970.00
Mri w/cont, breast, uni	C8903	\$ 463.00

Name	CPT Code	Proposed Fee
Treat knee fracture	27532	\$ 7,386.00
Treat knee fracture(s)	27538	\$ 595.00
Treat knee dislocation	27550	\$ 595.00
Treat knee dislocation	27552	\$ 3,983.00
Treat kneecap dislocation	27560	\$ 595.00
Treat kneecap dislocation	27562	\$ 595.00
Treat kneecap dislocation	27566	\$ 16,498.00
Fixation of knee joint	27570	\$ 3,983.00
Amputation follow-up surgery	27594	\$ 7,386.00
Decompression of lower leg	27600	\$ 7,386.00
Decompression of lower leg	27601	\$ 7,386.00
Decompression of lower leg	27602	\$ 7,386.00
Drain lower leg lesion	27603	\$ 5,627.00
Drain lower leg bursa	27604	\$ 7,386.00
Incision of achilles tendon	27605	\$ 3,983.00
Incision of achilles tendon	27606	\$ 7,386.00
Treat lower leg bone lesion	27607	\$ 7,386.00
Explore/treat ankle joint	27610	\$ 7,386.00
Exploration of ankle joint	27612	\$ 7,386.00
Biopsy lower leg soft tissue	27613	\$ 829.00
Biopsy lower leg soft tissue	27614	\$ 5,627.00
Resect leg/ankle tum < 5 cm	27615	\$ 5,627.00
Resect leg/ankle tum 5 cm/>	27616	\$ 5,627.00
Exc leg/ankle tum < 3 cm	27618	\$ 3,321.00
Exc leg/ankle tum deep < 5 cm	27619	\$ 5,627.00
Explore/treat ankle joint	27620	\$ 7,386.00
Remove ankle joint lining	27625	\$ 7,386.00
Remove ankle joint lining	27626	\$ 7,386.00
Removal of tendon lesion	27630	\$ 7,386.00
Exc leg/ankle les < 3 cm/>	27632	\$ 5,627.00
Exc leg/ankle tum dep 5 cm/>	27634	\$ 5,627.00
Remove lower leg bone lesion	27635	\$ 7,386.00
Remove/graft leg bone lesion	27637	\$ 12,676.00
Remove/graft leg bone lesion	27638	\$ 16,498.00
Partial removal of tibia	27640	\$ 7,386.00
Partial removal of fibula	27641	\$ 7,386.00
Resect talus/calcaneus tum	27647	\$ 7,386.00
Repair achilles tendon	27650	\$ 16,498.00
Repair/graft achilles tendon	27652	\$ 10,833.00
Repair of achilles tendon	27654	\$ 10,389.00
Repair leg fascia defect	27656	\$ 5,201.00
Repair of leg tendon each	27658	\$ 7,386.00
Repair of leg tendon each	27659	\$ 16,498.00
Repair of leg tendon each	27664	\$ 16,498.00
Repair of leg tendon each	27665	\$ 10,750.00
Repair lower leg tendons	27675	\$ 7,386.00
Repair lower leg tendons	27676	\$ 16,498.00
Release of lower leg tendon	27680	\$ 7,386.00
Release of lower leg tendons	27681	\$ 7,386.00
Revision of lower leg tendon	27685	\$ 7,386.00
Revise lower leg tendons	27686	\$ 7,386.00
Revision of calf tendon	27687	\$ 7,386.00
Revise lower leg tendon	27690	\$ 16,498.00
Revise lower leg tendon	27691	\$ 16,498.00
Repair of ankle ligament	27695	\$ 10,792.00
Repair of ankle ligaments	27696	\$ 11,792.00
Repair of ankle ligament	27698	\$ 10,528.00
Revision of ankle joint	27700	\$ 12,610.00
Reconstruct ankle joint	27702	\$ 35,146.00
Removal of ankle implant	27704	\$ 7,386.00
Incision of tibia	27705	\$ 10,389.00
Incision of fibula	27707	\$ 7,386.00
Incision of tibia & fibula	27709	\$ 20,506.00
Repair of tibia	27720	\$ 11,070.00
Repair fibula nonunion	27726	\$ 11,122.00
Repair of tibia epiphysis	27730	\$ 4,651.00
Repair of fibula epiphysis	27732	\$ 7,386.00
Repair lower leg epiphyses	27734	\$ 7,386.00
Repair of leg epiphyses	27740	\$ 7,386.00
Repair of leg epiphyses	27742	\$ 7,386.00
Reinforce tibia	27745	\$ 11,629.00
Treatment of tibia fracture	27750	\$ 595.00
Treatment of tibia fracture	27752	\$ 3,983.00
Treatment of tibia fracture	27756	\$ 11,176.00
Treatment of tibia fracture	27758	\$ 21,443.00
Treatment of tibia fracture	27759	\$ 20,807.00
Cltx medial ankle fx	27760	\$ 595.00
Cltx med ankle fx w/mnpj	27762	\$ 3,983.00
Optx medial ankle fx	27766	\$ 16,498.00
Cltx post ankle fx	27767	\$ 595.00

Name	CPT Code	Proposed Fee
Cystoscopy and treatment	52281	\$ 4,521.00
Cystoscopy implant stent	52282	\$ 7,907.00
Cystoscopy and treatment	52283	\$ 4,521.00
Cysto rx balo cath urtl strx	52284	\$ 12,016.00
Cystoscopy and treatment	52285	\$ 1,523.00
Cystoscopy chemodestruction	52287	\$ 4,521.00
Cystoscopy and treatment	52290	\$ 4,521.00
Cystoscopy and treatment	52300	\$ 7,907.00
Cystoscopy and treatment	52301	\$ 7,907.00
Cystoscopy and treatment	52305	\$ 12,016.00
Cystoscopy and treatment	52310	\$ 4,521.00
Cystoscopy and treatment	52315	\$ 4,521.00
Remove bladder stone	52317	\$ 7,907.00
Remove bladder stone	52318	\$ 7,907.00
Cystoscopy and treatment	52320	\$ 7,907.00
Cystoscopy stone removal	52325	\$ 12,016.00
Cystoscopy inject material	52327	\$ 8,426.00
Cystoscopy and treatment	52330	\$ 7,907.00
Cystoscopy and treatment	52332	\$ 7,907.00
Create passage to kidney	52334	\$ 7,907.00
Cysto w/ureter stricture tx	52341	\$ 7,907.00
Cysto w/up stricture tx	52342	\$ 7,907.00
Cysto w/renal stricture tx	52343	\$ 7,907.00
Cysto/uretero stricture tx	52344	\$ 7,907.00
Cysto/uretero w/up stricture	52345	\$ 7,907.00
Cystouretero w/renal strict	52346	\$ 12,016.00
Cystouretero & or pyeloscope	52351	\$ 7,907.00
Cystouretero w/stone remove	52352	\$ 7,907.00
Cystouretero w/lithotripsy	52353	\$ 12,016.00
Cystouretero w/biopsy	52354	\$ 12,016.00
Cystouretero w/excise tumor	52355	\$ 12,016.00
Cysto/uretero w/lithotripsy	52356	\$ 12,016.00
Cystouretero w/congen repr	52400	\$ 7,907.00
Cystourethro cut ejacul duct	52402	\$ 7,907.00
Incision of prostate	52450	\$ 7,907.00
Revision of bladder neck	52500	\$ 7,907.00
Prostatectomy (tupr)	52601	\$ 12,016.00
Remove prostate regrowth	52630	\$ 12,016.00
Relieve bladder contracture	52640	\$ 7,907.00
Laser surgery of prostate	52647	\$ 12,016.00
Laser surgery of prostate	52648	\$ 12,016.00
Prostate laser enucleation	52649	\$ 12,016.00
Drainage of prostate abscess	52700	\$ 7,907.00
Incision of urethra	53000	\$ 4,521.00
Incision of urethra	53010	\$ 12,016.00
Incision of urethra	53020	\$ 4,521.00
Incision of urethra	53025	\$ 4,521.00
Drainage of urethra abscess	53040	\$ 7,907.00
Drainage of urethra abscess	53060	\$ 419.00
Drainage of urinary leakage	53080	\$ 1,523.00
Drainage of urinary leakage	53085	\$ 4,521.00
Biopsy of urethra	53200	\$ 4,521.00
Removal of urethra	53210	\$ 7,907.00
Removal of urethra	53215	\$ 12,016.00
Treatment of urethra lesion	53220	\$ 7,907.00
Removal of urethra lesion	53230	\$ 12,016.00
Removal of urethra lesion	53235	\$ 12,016.00
Surgery for urethra pouch	53240	\$ 7,907.00
Removal of urethra gland	53250	\$ 7,907.00
Treatment of urethra lesion	53260	\$ 7,907.00
Treatment of urethra lesion	53265	\$ 4,521.00
Removal of urethra gland	53270	\$ 7,907.00
Repair of urethra defect	53275	\$ 7,907.00
Revise urethra stage 1	53400	\$ 12,016.00
Revise urethra stage 2	53405	\$ 12,016.00
Reconstruction of urethra	53410	\$ 12,016.00
Reconstruct urethra stage 1	53420	\$ 12,016.00
Reconstruct urethra stage 2	53425	\$ 12,016.00
Reconstruction of urethra	53430	\$ 12,016.00
Reconstruct urethra/bladder	53431	\$ 12,016.00
Male sling procedure	53440	\$ 24,513.00
Remove/revise male sling	53442	\$ 12,016.00
Insert tandem cuff	53444	\$ 38,431.00
Insert uro/ves nck sphincter	53445	\$ 40,681.00
Remove uro sphincter	53446	\$ 12,016.00
Remove/replace ur sphincter	53447	\$ 39,626.00
Repair uro sphincter	53449	\$ 22,102.00
Revision of urethra	53450	\$ 7,907.00
Tprnl balo cntnc dev bi	53451	\$ 25,062.00
Tprnl balo cntnc dev uni	53452	\$ 16,533.00

Name	CPT Code	Proposed Fee
Mri w/o fol w/cont, brst, un	C8905	\$ 970.00
Mri w/cont, breast, bi	C8906	\$ 970.00
Mri w/o fol w/cont, breast,	C8908	\$ 970.00
Mra w/cont, chest	C8909	\$ 970.00
Mra w/o cont, chest	C8910	\$ 618.00
Mra w/o fol w/cont, chest	C8911	\$ 970.00
Mra w/cont, lwr ext	C8912	\$ 970.00
Mra w/o cont, lwr ext	C8913	\$ 618.00
Mra w/o fol w/cont, lwr ext	C8914	\$ 970.00
Mra w/cont, pelvis	C8918	\$ 970.00
Mra w/o cont, pelvis	C8919	\$ 618.00
Mra w/o fol w/cont, pelvis	C8920	\$ 970.00
Mra, w/dye, spinal canal	C8931	\$ 970.00
Mra, w/o dye, spinal canal	C8932	\$ 618.00
Mra, w/o&w/dye, spinal canal	C8933	\$ 970.00
Mra, w/dye, upper extremity	C8934	\$ 970.00
Mra, w/o dye, upper extr	C8935	\$ 618.00
Mra, w/o&w/dye, upper extr	C8936	\$ 970.00
Perc drug-el cor stent sing	C9600	\$ 16,294.00
Place endorectal app	C9725	\$ 2,305.00
Insert palate implants	C9727	\$ 3,242.00
Place device/marker, non pro	C9728	\$ 3,495.00
U/s trmt, not leiomyomata	C9734	\$ 19,905.00
Cystoscopy prostatic imp 1-3	C9739	\$ 9,144.00
Cysto impl 4 or more	C9740	\$ 17,861.00
Spine device implant surgery	C9757	\$ 31,608.00
Cysto, litho, vacuum kidney	C9761	\$ 22,102.00
Cardiac mri seg dys strain	C9762	\$ 1,392.00
Cardiac mri seg dys stress	C9763	\$ 1,392.00
Revasc intravasc lithotripsy	C9764	\$ 17,642.00
Revasc intra lithotrip-stent	C9765	\$ 28,554.00
Revasc intra lithotrip-ather	C9766	\$ 29,361.00
Revasc lithotrip-stent-ather	C9767	\$ 30,006.00
Cysto w/temp pros implant	C9769	\$ 17,136.00
Revasc lithotrip tibi/perone	C9772	\$ 16,221.00
Revasc lithotr-stent tib/per	C9773	\$ 27,724.00
Revasc lithotr-ather tib/per	C9774	\$ 29,302.00
Revasc lith-sten-ath tib/per	C9775	\$ 29,702.00
Esophag muc integ w/eso egd	C9777	\$ 5,509.00
Colpopexy, min/inv, ex-perit	C9778	\$ 6,539.00
Arthro/shoul surg; w/spacer	C9781	\$ 24,324.00
Instill pharm renal pelvis	C9789	\$ 5,958.00
Complex simulation w/pet-ct	C9794	\$ 5,164.00
Rpr instst excl anrect fist	C9796	\$ 4,131.00
Vasc emb/occ w/prs cath	C9797	\$ 24,084.00
Gingivectomy/plasty 4 or mor	D4210	\$ 6,413.00
Gingivectomy/plasty 1 to 3	D4211	\$ 6,413.00
Gingivectomy/plasty rest	D4212	\$ 6,413.00
Osseous surgery 4 or more	D4260	\$ 13,424.00
Bone replce graft first site	D4263	\$ 2,221.00
Pedicle soft tissue graft pr	D4270	\$ 3,242.00
Auto tissue graft 1st tooth	D4273	\$ 3,242.00
Extraction coronal remnnts	D7111	\$ 2,221.00
Extraction erupted tooth/exr	D7140	\$ 2,221.00
Rem imp tooth w mucoper flip	D7210	\$ 3,242.00
Impact tooth remov soft tiss	D7220	\$ 2,221.00
Impact tooth remov part bony	D7230	\$ 2,221.00
Impact tooth remov comp bony	D7240	\$ 2,221.00
Impact tooth rem bony w/comp	D7241	\$ 2,221.00
Tooth root removal	D7250	\$ 2,221.00
Tooth reimplantation	D7270	\$ 2,221.00
Alveoplasty w/ extraction	D7310	\$ 3,242.00
Alveoplasty w/extract 1-3	D7311	\$ 3,242.00
Removal of torus palatinus	D7472	\$ 2,221.00
Remove torus mandibularis	D7473	\$ 2,221.00
I&d abscc intraoral soft tiss	D7510	\$ 1,775.00
Incision/drain abscess intra	D7511	\$ 1,775.00
I&d abscess extraoral	D7520	\$ 1,775.00
Removal of sloughed off bone	D7550	\$ 2,221.00
Mandible graft	D7950	\$ 13,424.00
Ca screen/flexi sigmoidscope	G0104	\$ 750.00
Colorectal scm; hi risk ind	G0105	\$ 2,305.00
Colon ca scrn not hi rsk ind	G0121	\$ 2,305.00
Single energy x-ray study	G0130	\$ 139.00
Dstry eye lesn, fdr vssl tech	G0186	\$ 1,466.00
Pet not otherwise specified	G0235	\$ 1,040.00
lnj for sacroiliac jt anesth	G0260	\$ 1,744.00
Pild/placebo control clin tr	G0276	\$ 16,498.00
Facility sys dental rehab	G0330	\$ 6,413.00
Dermal filler injection(s)	G0429	\$ 269.00

Name	CPT Code	Proposed Fee
Cltx post ankle fx w/mnpj	27768	\$ 3,983.00
Optx post ankle fx	27769	\$ 16,498.00

Name	CPT Code	Proposed Fee
Uprnl bala cntnc dev rmvl ea	53453	\$ 7,907.00
Uprnl bala cntnc dev adjmt	53454	\$ 623.00
Revision of urethra	53460	\$ 7,907.00
Repair of urethra injury	53502	\$ 7,907.00
Repair of urethra injury	53505	\$ 12,016.00
Repair of urethra injury	53510	\$ 12,016.00
Repair of urethra injury	53515	\$ 12,016.00
Repair of urethra defect	53520	\$ 12,016.00
Dilate urethra stricture	53600	\$ 210.00
Dilate urethra stricture	53605	\$ 7,907.00
Dilate urethra stricture	53620	\$ 531.00
Dilate urethra stricture	53621	\$ 544.00
Dilation of urethra	53660	\$ 241.00
Dilation of urethra	53665	\$ 4,521.00

Name	CPT Code	Proposed Fee
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APPENDIX A
Physician Referral Letters

September 3rd, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. Kevin Lewis, Chief Physician Executive of Hospital Sisters Health System and President of HSHS Physician Enterprise. Over the past twelve months, the following providers have performed a total of 7,916 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Orthopedics	Lerner, Andres	Neurosurgery	Alali, Abdulaziz S
	Mccarthy, Kevin J		
	Weimer, Donald A		
	Morton, Steven		
Gastroenterology	Kim, Peter S	Pulmonology	Berg, Zachary M
			Reichardt, Brian A
Pain			Sutton, Christopher
	Naseer, Kristina	Vascular	Cox, Daniel E

Based on their historical referrals to St. Elizabeth's, I anticipate the Physician Enterprise referring 5,681 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

Kevin L. Lewis
Dr. Kevin Lewis

Subscribed and sworn to me on this 3 day of September, 2024.

Christina Kendall
Notary Public

Seal:





Dr. Andres Lerner

9/9/2024
Date



Dr. Kevin McCarthy

9/9/24
Date



Dr. Donald Weimer

9/10/24
Date

Dr. Steven Morton

Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

Dr. Andres Lerner

Date

Dr. Kevin McCarthy

Date

Dr. Donald Weimer

Date

Dr. Steven Morton

Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

9/9/24

9/9/24

9/9/24

9/9/24


9/9/2024

9/9/24

Dr. Kevin McCarthy

Date

Dr. Donald Weimer

Date

Dr. Steven Morton

9-9-24
Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

Dr. Andres Lerner

Date

Dr. Kevin McCarthy

Date

Dr. Donald Weimer

Date

Dr. Steven Morton

Date

Dr. Peter Kim

Date

Dr. Kristina Naseer

Date

Dr. Abdulaziz Alali

Date

Dr. Zachary Berg

Date

Dr. Brian Reichardt

Date

Dr. Christopher Sutton

Date

Dr. Daniel Cox

Date

9/9/24

Service Line	Zip Code	Physician	
		KIM, PETER S	Total
Gastroenterology	62269	412	412
	62221	275	275
	62226	199	199
	62208	138	138
	62234	130	130
	62220	128	128
	62223	116	116
	62258	107	107
	62254	66	66
	62294	55	55
	62243	53	53
	62232	50	50
	62040	44	44
	62285	39	39
	62265	33	33
	62260	30	30
	62206	27	27
	62062	27	27
	62203	25	25
	62205	23	23
	62207	19	19
	62293	18	18
	62034	14	14
	62204	10	10
	62201	9	9
	62225	9	9
	62216	7	7
	62060	6	6
	62061	4	4
	62281	4	4
	63104	3	3
	62289	3	3
	62240	3	3
	63101	2	2
	62059	1	1
	63103	1	1
	62222	1	1
	62090	1	1
	62266	1	1
	Grand Total	2093	2093

*GI Service Line Total: LSA 376 + HSHS 2,093 = 2,469

Service Line	Zip Code	
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		ALALI, ABDULAZIZ S
Neurosurgery	62269	18
	62221	10
	62249	8
	62226	8
	62234	6
	62208	9
	62293	7
	62223	7
	62220	4
	62260	4
	62025	2
	62258	4
	62216	4
	62265	5
	62243	2
	62040	2
	62264	2
	62215	3
	62294	3
	62285	2
	62062	2
	62254	2
	62232	2
	62281	1
	62266	1
	62206	1
	62205	0
	62060	1
	63101	1
	62061	1
	62203	1
	Total	123

Service Line	Zip Code	Physician				Total
		LERNER, ANDRES	WEIMER, DONALD A	MCCARTH Y, KEVIN J	MORTON, STEVEN	
	62269	67	35	36	1	139
	62221	41	18	22		81
	62226	45	19	12	1	77
	62220	20	12	11		43
	62249	20	10	5	2	37
	62208	18	8	12		38
	62234	17	7	10	1	35
	62258	19	11	5		35
	62223	14	8	8		30
	62265	15	8	3		26
	62040	14	3	3		20

Orthopedics	62293	11	6	5		22
	62294	9	8	4		21
	62254	7	4	8		19
	62232	10	6	5		21
	62243	10	3	4		17
	62225	10	1	2		13
	62260	4	4	7		15
	62215	5	4	2		11
	62264	3	6			9
	62285	4	1	3		8
	62216	4	1	2		7
	62245	3	5			8
	62025	4	1	4		9
	62206	1	3	3		7
	62281	5		2		7
	62062	5	1	1		7
	62203	2	4			6
	62204	4	2	1		7
	62201	3		1		4
	62034	3	1	1		5
	62205	1	2			3
	63103	2				2
	62207	1		1		2
	62289				1	1
	62240		1			1
	Total	401	203	183	6	793

Service Line	Zip Code	Physician
		NASEER, KRISTINA
Pain	62269	469
	62221	284
	62226	188
	62208	153
	62234	135
	62220	130
	62258	121
	62293	112
	62223	108
	62265	90
	62254	81
	62294	75
	62243	68
	62040	59
	62232	57
	62285	54
	62216	44
	62260	40
	62206	37
	62205	26
	62034	26
	62062	25

62225	24
62281	22
62203	16
62061	15
62204	15
62201	13
62207	9
62266	7
62240	5
62289	5
63103	2
62060	2
63104	1
62090	1
Total	2519

Service Line	Zip Code	Physician			
		BERG, ZACHARY M	SUTTON, CHRISTOPHER	REICHARD T, BRIAN A	Total
Pulmonology	62221	4	2		6
	62234	2	2	1	5
	62232	1	1	2	4
	62208			3	3
	62260	2		1	3
	62205	1		1	2
	62254	1	1		2
	62206		1	1	2
	62269			2	2
	62226		2		2
	62223	2			2
	62203	1			1
	62220		1		1
	62265		1		1
	62243			1	1
	62289		1		1
	62061		1		1
	62216		1		1
	Total	14	14	12	40

Service Line	Zip Code	Physician	
		COX, DANIEL E	Total
	62269	18	18
	62226	10	10
	62221	10	10
	62208	9	9
	62249	8	8
	62205	7	7
	62223	6	6
	62234	4	4
	62203	4	4

Cardiovascular	62258	4	4
	62293	4	4
	62220	4	4
	62265	3	3
	62216	3	3
	62206	2	2
	62294	2	2
	62232	2	2
	62062	2	2
	62225	2	2
	62243	1	1
	62204	1	1
	62254	1	1
	62207	1	1
	62285	1	1
	62260	1	1
	62025	1	1
	62264	1	1
	62040	1	1
	Total	113	113

September 9, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. James Clanahan, President of Lincoln Surgical Associates (LSA). Over the past twelve months, the following providers have performed a total of 1,354 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

General Surgery	Barnett, Kevin	Gastroenterology	Hart, Deirdre
	Loethen, Paul E		Smith, Matthew R
	Hale IV, Lyman L		Aach, Douglas B
	Smith, Matthew R	Colo-Rectal	Barnett, Kevin
	Aach, Douglas B		Bergom, Michael A
	Crouch, Donald Scott		Hart, Deirdre
	Bergom, Michael A		Loethen, Paul E
	Hart, Deirdre		
	Luong, Thomas Vinh		
		Plastic	Aach, Douglas B
			Barnett, Kevin
			Bergom, Michael A
			Loethen, Paul E

Based on their historical referrals to St. Elizabeth's, I anticipate the LSA physicians referring 1,043 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. James Clanahan

Subscribed and sworn to me on this 9th day of Sept, 2024.

Teri Ann Mustain Notary Public
Seal:





Dr. Kevin Barnett

9/6/21

Date



Dr. Paul Loethen

9/6/21


Date



Dr. Lyman Hale

9/6/24

Date



Dr. Matthew Smith

9/6/24


Date



Dr. Douglas Aach

9/6/2024

Date



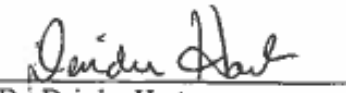
Dr. Donald Crouch

9/6/2024

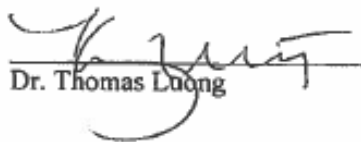
Date


Dr. Michael Bergom

9/6/24
Date


Dr. Deirdre Hart

9/6/24
Date


Dr. Thomas Luong

9/7/24
Date


Dr. Scott Schwiesow

9/6/24
Date

Service Line	Zip Code	Physician		
		HART, DEIRDRE	SMITH, MATTHEW R	Total
Gastroenterology	62269	56	16	72
	62221	33	13	46
	62226	23	11	34
	62208	18	2	20
	62220	11	3	14
	62234	25	6	31
	62223	13	3	16
	62258	15	6	21
	62254	11	1	12
	62294	7	4	11
	62243	4	1	5
	62232	7	5	12
	62040	3	4	7
	62285	8		8
	62260	7	1	8
	62265	3	3	6
	62206	4	1	5
	62062	4	1	5
	62208	2		2
	62205	4		4
	62293	8	1	9
	62207	1		1
	62034	4		4
	62216	4	2	6
	62225	1	1	2
	62201	3	1	4
	62204			0
	62281	6		6
	62060	2		2
	62061	2		2
	62240			0
	63104			0
	62289			0
	63101			0
	62222	1		1
	62090			0
	63103			0
	62059			0
	62266			0
	Total	290	86	376

*Service Line Total: LSA 376 + HSHS 2,540 = 2,916

Service Line	Zip Code	Physician									Total
		LOETHEN, PAULE	BARNETT, KEVIN	CROUCH, DONALD SCOTT	AACH, DOUGLAS B	BERGOM, MICHAEL A	SMITH, MATTHEW R	HART, DEIRDRE	HALE IV, LYMAN L	LUONG, THOMAS VINH	
General Surgery/Plastic Surgery/Colon & Rectal	62269	31	26	21	11	6	8	11	8		122
	62221	14	11	13	8	6	10	4	6	1	73
	62226	9	9	6	9	4	4	5	2		48
	62208	7	10	8	1	7	1	4	5	1	44
	62258	9	8	8	7	3	9	4	4		46
	62220	9	7	4	5	5	3	3	2		38
	62234	6	6	9	1	3	4	3	2		34
	62223	8	3	2	2	4	2	4	1		26
	62243	4	3	1	4	1	1	1	2		17
	62260	4	2	4	2		5	1			18
	62294	4	2	2	1	4	2	3	2		18
	62254	1	7	2	3	1	1	1	1		17
	62293	4	1	3		6			1		15
	62285	1	4	2	2	1	2				12
	62040	1		2	1	5	2		1		12
	62249	1	1	4	1	2		3	2		14
	62232	4	3	2	2	1		1			13
	62206	1	2	2	3	1	2	1		1	13
	62265	1		2			1	2	1		7
	62205	1	3			2		1	2		9
	62025	3	2	1	2	1					9
	62264	1	2	1	1		2			1	8
	62204	1	1		5	1					8
	62203	2	1	1		1	1				6

62207	1	2			2			1		6
62225		1	3	1				1		6
62216		1	2				2			5
62034	1	1	1		1					4
62201			3			1				4
62289			1					1		2
62281				2						2
62060						2				2
62245							1			1
62061			1		1					2
62215		1	1							2
62202							1			1
62266	1									1
62062							1			1
Total	130	120	112	74	69	57	55	45	4	666

September 9, 2024

Mr. John Knierly, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Knierly:

I am Dr. Eric Whittenburg, Owner of Associated Foot Surgeons of Southwest Illinois. Over the past twelve months, the following providers in the table below have performed a total of 107 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Podiatry	Whittenburg, Eric C
	Snook, Eric
	Hart, Amanda
	Bach Ermitano, Emily

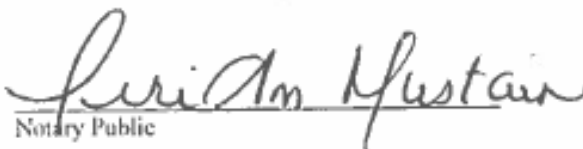
Based on their historical referrals to St. Elizabeth's, I anticipate the Associated Foot Surgeons referring 84 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. Eric Whittenburg

Subscribed and sworn to me on this 9 day of Sept, 2024.


Notary Public

Seal:





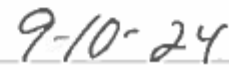
Dr. Eric Snook



Date



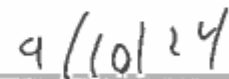
Dr. Amanda Hart



Date



Dr. Timur Davydov



Date

Service Line	Zip Code	Associated Foot Surgeons of SW IL			
		Physician			
		SNOOK, ERIC	WHITTENBURG, ERIC C	HART, AMANDA M	Total
Podiatry	62269	16			16
	62221	5	2	1	8
	62226	3	2		5
	62258	4			4
	62220	1			1
	62208	2			2
	62223	1	3		4
	62234	2			2
	62025	5			5
	62243	5			5
	62232	1			1
	62254	2			2
	62294	1			1
	62203				0
	62265				0
	62285	1			1
	62062	2			2
	62293	1			1
	62225	1		1	2
	62249				0
	62040	1			1
	62264				0
	62206	1			1
	62260				0
	62207				0
	62034				0
	62281				0
	62205				0
	62204				0
	62201				0
	62060				0
	63101	1			1
	62216				0
	62215	1			1
	Total	57	7	2	66

September 9, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. James Taylor, Founder & Podiatrist at Advanced Ankle and Foot Surgeons. Over the past twelve months, the following providers in the table below have performed a total of 234 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Podiatry	Taylor, James D
	Guignon, Bryan

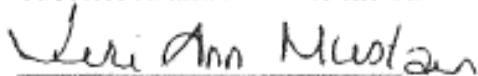
Based on their historical referrals to St. Elizabeth's, I anticipate the Advanced Ankle and Foot Surgeons referring 182 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. James Taylor

Subscribed and sworn to me on this 9th day of September 2024.



Notary Public





Dr. Bryan Guignon

9-9-24

Date

Advanced Ankle and Foot Surgeons				
Service Line	Zip Code	Physician		
		TAYLOR, JAMES D	GUIGNON, BRYAN	Total
Podiatry	62269	13	15	28
	62221	9	11	20
	62226	12	14	26
	62258	4	1	5
	62220	1	10	11
	62208	7	5	12
	62223	6	2	8
	62234	2	5	7
	62025	2	1	3
	62243	3	3	6
	62232	6	2	8
	62254	2	2	4
	62294	2	4	6
	62203	3	2	5
	62265	3	2	5
	62285	2	2	4
	62062	3		3
	62293	1		1
	62225	1	2	3
	62249	1	2	3
	62040			0
	62264	2	2	4
	62206	2		2
	62260	2	2	4
	62207		1	1
	62034		1	1
	62281			0
	62205	2		2
	62204			0
	62201			0
	62060			0
	63101			0
	62216			0
	62215			0
	Total	91	91	182

September 9, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

I am Dr. Ketan Shah, Owner and Physician Director of Midwest Sinus, Sleep & Allergy Associates (MSSA). Over the past twelve months, the following providers on the table below have performed a total of 190 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

ENT	George, Ryan M
	Srinet, Prateek
	Lesko, David W

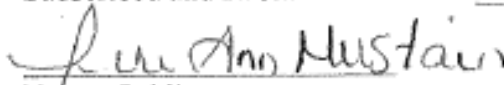
Based on their historical referrals to St. Elizabeth's, I anticipate the MSSA referring 138 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,

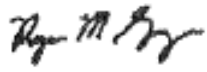


Dr. Ketan Shah

Subscribed and sworn to me on this 9th day of Sept., 2024.


Notary Public





Dr. Ryan George

09/09/2024

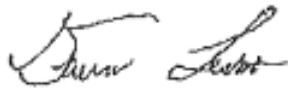
Date



Dr. Prateek Srinet

09/09/2024

Date



Dr. David Lesko

09/09/2024

Date

Service Line	Zip Code	Physician			
		GEORGE, RYAN M	SRINET, PRATEEK	LESKO, DAVID W	Total
Otolaryngology	62269	9	5	7	21
	62208	3	8	1	12
	62221	8	3	1	12
	62258	6	3	2	11
	62249	9		2	11
	62294	3	3	2	8
	62223	2	4	2	8
	62226	7			7
	62234	2	4		6
	62220	3	2		5
	62040	2		2	4
	62293	3	1		4
	62225	2	1		3
	62260	2	1		3
	62281	2		1	3
	62025	1		1	2
	62203			2	2
	62265	2			2
	62254	1	1		2
	62232	1	1		2
	62215	2			2
	62206	1			1
	62216	1			1
	62285			1	1
	62061		1		1
	62062	1			1
	62034	1			1
	62243	1			1
	62245		1		1
	Total	75	39	24	138

September 9, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

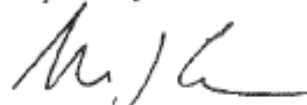
Dear Mr. Kniery:

I am Dr. Michael Schifano, Chief Executive Officer and Founder of Heartland Women's Healthcare. Over the past twelve months, the following providers in the table below have performed a total of 331 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Gynecology	Portale, Kimberly E	Boyd, Emily B
	Harrison, Garrett Daniel	Thanapandian, Kamala
	Covlin, Michael A	Drakeford, Sheniqua L N
	Cluney, Monika R	Carson, Debra A
	Dominick, Kathryn M	Coble, Katie
	Skelly, Stephanie	Michael Schifano

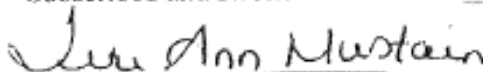
Based on their historical referrals to St. Elizabeth's, I anticipate the Heartland Women's Healthcare referring 249 surgical/procedural cases each year to the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. Individual physician signatures can be found on page two. The information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Dr. Michael Schifano

Subscribed and sworn to me on this 9th day of September 2024.



Notary Public




Dr. Michael Covlin

9-9-2024
Date


Dr. Kathryn Dominick

9-9-2024
Date


Dr. Stephanie Skelly

9-9-2024
Date


Dr. Emily Boyd

9-9-2024
Date

Heartland Outpatient Surgical Volumes at HSHS St. Elizabeth's Hospital from January 1, 2024 to August 31, 2024 (Annualized)							
Service Line	Zip Code	Physician					
		BOYD, EMILY B	DOMINICK, KATHRYN M	COVLIN, MICHAEL A	SCHIAFNO, MICHAEL J	SKELLY, STEPHANIE	Total
Obstetrics/Gynecology	62269	8	5	20	5	8	44
	62221	0	18	9	5	6	38
	62226	3	12	6	9	2	32
	62220	0	5	6	6	2	18
	62208	0	2	6	2	3	12
	62234	2	3	3	0	3	11
	62223	2	2	2	5	2	11
	62258	3	2	2	0	3	9
	62205	0	2	6	0	0	8
	62243	5	0	0	2	2	8
	62206	0	2	2	2	3	8
	62260	2	0	3	0	2	6
	62040	0	0	2	3	2	6
	62264	2	0	3	2	0	6
	62060	0	0	3	0	2	5
	62285	2	2	0	2	0	5
	62207	0	2	2	0	2	5
	62203	0	2	0	0	3	5
	62254	0	2	0	0	3	5
	62204	3	0	0	0	2	5
	62293	2	0	2	0	0	3
	62265	0	2	0	2	0	3
	62249	0	2	2	0	0	3
	62062	0	2	0	0	0	2
	62201	2	0	0	0	0	2
	62281	0	0	2	0	0	2
	62215	0	2	0	0	0	2
	62216	2	0	0	0	0	2
	62225	0	0	2	0	0	2
	62232	0	2	0	0	0	2
	Grand Total	33	63	78	41	45	260

Service Line	Zip Code	Physician											Total
		BOYO, EMILY B	COVLIN, MICHAELA	HARRISON, GARRETT DANIEL	PORTALE, KIMBERLY E	DOMINICK, KATHRYN M	CLUNEY, MONIKA R	SKELLY, STEPHANIE	THANAPANDIAN, KAMALA	DRAKEFORD, SHENIQUEA L N	COBLE, KATIE	CARSON, DEBRA A	Total
Obstetrics/Gynecology	62269	7	8	7	13		10	3	4	3			55
	62221	2	5	7	8	7	2	2	2	3			38
	62226	8	6	3	1	1	1	5	1				26
	62208	2	3			3	3	1	1				13
	62258	1		3	4	1		1	1				11
	62225	1	1	5	3		7			3			20
	62220	4	2	1		2		3	1	1			14
	62234		2	1		1		1	1				6
	62223	1	3	1		2		1					8
	62260	2				1							3
	62265	2	1									1	4
	62293	1					1		1				3
	62206	2	2	2		1							7
	62040					2		2					4
	62285	2		1				1					4
	62249												0
	62254	1			1		1						3
	62243	2											2
	62294			1		1							2
	62232	1	1			1				1			4
	62203	1											1
	62201	1											1
	62034		1					1			1		3
	62289		2						1				3
	62281			1	1					1			3
	62205					2			1				2
	62025								1				1
	62207	1	1										2
	62204							1					1
	62240					1		1					2
	62264												0
	62059					1							1
	62060					1							1
	62245												0
	63103						1						1
	62061												0
	Total	42	38	33	31	28	26	23	14	12	1	1	249

September 12, 2024

Mr. John Kniery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

RE: HSHS St. Elizabeth's Hospital, O'Fallon: ASTC

Dear Mr. Kniery:

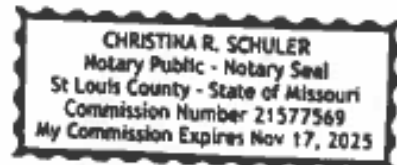
I am Dr. Matthew Spellman, Managing Partner of Urology of St. Louis (USTL) & Dr. Michael Polinsky, Managing Partner of Neurosurgery of St. Louis (NSTL). Over the past twelve months, the two of our groups have performed a total of 1,287 outpatient surgery/procedure cases at HSHS St. Elizabeth's Hospital in O'Fallon, Illinois ("St. Elizabeth's").

Based on our historical referrals to St. Elizabeth's, we project that 861 surgical/procedural patients would be eligible each year to be performed at the Ambulatory Surgical Treatment Center proposed by St. Elizabeth's on its hospital campus once it becomes operational. Our groups welcome the opportunity to navigate these patients to a better place of service. The patient origin by zip code of residence for these patients is attached. These referrals have not been used to support another pending or approved certificate of need application, and it is anticipated that future referrals to St. Elizabeth's ASTC will come from within the proposed geographic service area. The information provided in this letter is true and correct to the best of our knowledge.

Respectfully submitted,

Dr. Matthew Spellman
Dr. Michael Polinsky

Subscribed and sworn to me on this 12th day of September, 2024.



[Signature] Notary Public

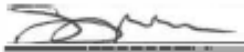
Seal:

[Signature]
Dr. Matthew Spellman

9-12-2024
Date

[Signature]
Dr. Michael Polinsky

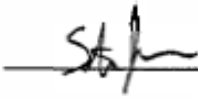
9-12-2024
Date



Dr. Sarah Fouke

9/19/2024

Date



Dr. Stephen Johans

9/19/2024

Date

Dr. Jacob Ark

Date

Dr. James Rybak

Date



9/19/2024

Dr. Seth Strobe

Date



Dr. Travis Bullock

9/19/2024

Date

Dr. William Critchlow

Date

Dr. Sarah Fouke

Date

Dr. Stephen Johans

Date



Dr. Jacob Ark

9/19/24

Date

Dr. James Rybak

Date

Dr. Seth Strobe

Date

Dr. Travis Bullock

Date



Dr. William Critchlow

9/19/24

Date

Dr. Sarah Fouke


Date

Dr. Stephen Johans

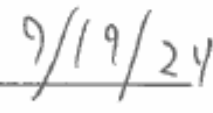
Date

Dr. Jacob Ark

Date



Dr. James Rybak



Date

Dr. Seth Strobe

Date

Dr. Travis Bullock

Date

Dr. William Critchlow

Date

Urology and Neurosurgery of St. Louis Outpatient Surgical Volumes at HSHS St. Elizabeth's Hospital from January 1, 2024 to August 31, 2024 (Annualized)									
Service Line	Zip Code	Physician							
		RYBAK, JAMES PATRICK	STROPE, SETH A	CRITCHLOW, WILLIAM A	BULLOCK, TRAVIS L	ARK, JACOB T	JOHANS, STEPHEN J	FOUKE, SARAH JOST	Total
Urology/Neurosurgery	62269	39	14	32	6	23	8	3	123
	62226	39	15	11	3	21	3	3	95
	62221	32	18	9	8	14	9	0	89
	62208	38	9	6	6	12	2	0	72
	62220	17	11	8	2	8	9	2	54
	62234	20	11	3	3	3	11	2	51
	62249	8	9	9	5	12	0	2	44
	62258	24	8	2	3	0	5	0	41
	62223	17	11	2	2	6	5	0	41
	62243	17	5	0	0	2	3	0	26
	62285	6	0	12	3	3	0	0	24
	62294	2	5	6	6	3	2	0	23
	62025	5	6	3	2	2	3	2	21
	62040	5	6	2	0	0	8	2	21
	62260	14	0	2	0	2	3	0	20
	62232	12	8	0	0	0	0	0	20
	62265	2	2	3	3	2	5	2	17
	62254	3	6	2	3	0	0	0	14
	62293	3	2	6	0	3	0	0	14
	62264	6	2	0	2	3	0	0	12
	62245	6	0	0	3	3	0	0	12
	62216	5	0	3	2	2	0	0	11
	62034	3	0	0	0	3	5	0	11
	62206	6	0	0	0	0	2	0	8
	62215	5	0	0	0	2	2	0	8
	62225	2	2	2	3	0	0	0	8
	62203	0	2	0	0	3	0	0	5
	62060	2	3	0	0	0	0	0	5
	62061	0	0	0	0	5	0	0	5
	62062	2	2	0	0	0	2	0	5
	62207	2	0	2	0	0	0	0	3
	62205	3	0	0	0	0	0	0	3
	62204	0	0	0	0	2	2	0	3
	62222	0	0	2	0	0	0	0	2
	62201	0	0	2	0	0	0	0	2
	62289	0	0	2	0	0	0	0	2
	63101	0	0	2	0	0	0	0	2
	62240	0	0	2	0	0	0	0	2
	Total	336	150	128	62	134	83	15	906