

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

25-023  
**RECEIVED**  
JUN 05 2025

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

This Section must be completed for all projects.

**Facility/Project Identification**

Facility Name: Illinois Bone & Spine Institute		
Street Address: 300 W. Butterfield Road		
City and Zip Code: Elmhurst 60126		
County: DuPage	Health Service Area: VII	Health Planning Area: A-05

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

Exact Legal Name: Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute	
Street Address: 360 W. Butterfield Road, Suite 100	
City and Zip Code: Elmhurst 60126	
Name of Registered Agent: Neema Bayran	
Registered Agent Street Address: 360 W. Butterfield Road, Suite 100	
Registered Agent City and Zip Code: Elmhurst 60126	
Name of Chief Executive Officer: Neema Bayran, MD	
CEO Street Address: 360 W. Butterfield Road, Suite 100	
CEO City and Zip Code: Elmhurst 60126	
CEO Telephone Number: 847-501-0730	

**Type of Ownership of Applicants**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li><li>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.</li></ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Primary Contact** [Person to receive ALL correspondence or inquiries]

Name: Juan Morado, Jr. and Mark J. Silberman
Title: CON Counsel
Company: Benesch Friedlander Coplan and Aronoff LLP
Address: 71 S. Wacker Drive, Suite 1600, Chicago, Illinois 60606
Telephone Number: 312-212-4967 and 312-212-4952
E-mail Address: jmorado@beneschlaw.com and msilberman@beneschlaw.com
Fax Number: 312-767-9192

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

Name: Neema Bayran, MD
Title: Chief Executive Officer
Company Name: Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute
Address: 360 W. Butterfield Road, Suite 100, Elmhurst 60126
Telephone Number: 847-367-8100 ext. 7231
E-mail Address: Neema@paincenteril.com
Fax Number: 866-998-0186

**Site Ownership** [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Menaj, LLC

Address of Site Owner: 300 W. Butterfield Road, Elmhurst, Illinois 60126

Street Address or Legal Description of the Site:

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

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

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

Exact Legal Name: Illinois Back and Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute

Address: 360 W. Butterfield Road, Suite 100, Elmhurst 60126

- |   |  |                                |
|---|--|--------------------------------|
| <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 |

- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS **ATTACHMENT 3**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS **ATTACHMENT 4**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Flood Plain Requirements** [Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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, Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute, proposes to establish two new categories of services at the Illinois Bone & Spine Institute, a licensed ambulatory surgery treatment center ("ASTC") located at 360 W. Butterfield Road, Suite 100 in Elmhurst, Illinois 60126. The ASTC seeks to add Podiatry and General Surgery to complement the existing procedures already offered at the facility.

The existing ASTC has one (1) operating room and there are no construction or equipment costs related to the addition of the Podiatry and General Surgery categories of service. The project does propose to establish a new category of service in an existing health care facility as defined by the Illinois Health Facilities Planning Act and thus is a substantive project.

### Project Costs and Sources of Funds – NOT APPLICABLE

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

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

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price:	\$ <u>N/A</u>	
Fair Market Value:	\$ <u>N/A</u>	

The project involves the establishment of a new facility or a new category of service

☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ **Not Applicable**.

**Project Status and Completion Schedules**

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

Indicate the stage of the project's architectural drawings:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary   |
| <input type="checkbox"/> Schematics                        | <input type="checkbox"/> Final Working |

Anticipated project completion date (refer to Part 1130.140): Upon Approval of Licensure by IDPH or by December 31, 2025.

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

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

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

**State Agency Submittals** [Section 1130.620(c)]

Are the following submittals up to date as applicable?

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

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

## Cost Space Requirements

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

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

Department / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
ASC	-	2,737	2,737	-	-	2,737	-
Total Clinical	-	2,737	2,737	-	-	2,737	-
<b>NON-REVIEWABLE</b>							
Administrative	-	3,563	3,563	-	-	3,563	-
Total Non-clinical	-	3,563	3,563	-	-	3,563	-
<b>TOTAL</b>	-	<b>6.300</b>	<b>6.300</b>	-	-	<b>6.300</b>	-
<b>APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>							



## 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: Illinois Back and Neck Institute			CITY: Elmhurst		
REPORTING PERIOD DATES:                      From: January 2022                      to: December 2022					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	-	-	-	-	-
Obstetrics	-	-	-	-	-
Pediatrics	-	-	-	-	-
Intensive Care	-	-	-	-	-
Comprehensive Physical Rehabilitation	-	-	-	-	-
Acute/Chronic Mental Illness	-	-	-	-	-
Neonatal Intensive Care	-	-	-	-	-
General Long-Term Care	-	-	-	-	-
Specialized Long-Term Care	-	-	-	-	-
Long Term Acute Care	-	-	-	-	-
Other (ASTC)	1	2,071	2,071	-	-
TOTALS:	1	2,071	2,071	-	-



### 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 Illinois Back and Neck Institute, LLC d/b/a Illinois Bone and Spine Institute 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

Neema Bayran  
PRINTED NAME

CEO  
PRINTED TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME


\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 27 day of MARCH 2015

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

  
Signature of Notary

\_\_\_\_\_  
Signature of Notary

Seal:   
Official Seal  
Tierra Bowers  
Notary Public State of Illinois  
My Commission Expires 11/3/2026

Seal

\*Insert the EXACT legal name of the applicant

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

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

#### 1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

## Criterion 1110.110(b) & (d)

### PURPOSE OF PROJECT

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

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

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

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

### ALTERNATIVES

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

#### SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC (1 Operating Room)	2,737	2,750 GSF per treatment room	-13 GSF	YES

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

#### PROJECT SERVICES UTILIZATION:

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

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

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

UTILIZATION					
	DEPARTMENT / SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	2,071	2,851	>1500 hours	YES
YEAR 2	ASTC	2,071	2,851	>1500 Hours	YES

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

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

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

**ASSURANCES:**

Submit the following:

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

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

## SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

### G. Non-Hospital Based Ambulatory Surgery

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

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

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

<b>APPLICABLE REVIEW CRITERIA</b>	<b>Establish New ASTC or Service</b>	<b>Expand Existing Service</b>
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
<b>APPEND DOCUMENTATION AS ATTACHMENT 25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		



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

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

#### SECTION VII. 1120.120 - AVAILABILITY OF FUNDS – NOT APPLICABLE

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

-	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol>
-	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
-	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
-	d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>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.</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.</li> <li>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.</li> <li>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.</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
-	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
-	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
-	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>NOT APPLICABLE</b>	<b>TOTAL FUNDS AVAILABLE</b>
APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

**SECTION VIII. 1120.130 - FINANCIAL VIABILITY – NOT APPLICABLE**

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

**FINANCIAL VIABILITY WAIVER**

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

**Variance**

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

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

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY – NOT APPLICABLE**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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

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

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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

## SECTION X. SAFETY NET IMPACT STATEMENT – NOT APPLICABLE/NEWLY-FORMED ENTITY

**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			
<b>Total</b>			
Charity (cost in dollars)			
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)			
Inpatient			
Outpatient			
<b>Total</b>			

**APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

## SECTION X. CHARITY CARE INFORMATION

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

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

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

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

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

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



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

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

1. Applicant: Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute, 300 W. Butterfield Rd.,  
(Name) (Address)  
Elmhurst IL 60126 847-501-0730  
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute, 300 W. Butterfield Rd.,  
(Address) (City) (State)  
DuPage York  
(County) (Township) (Section)

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

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

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

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes \_\_\_ No **X**

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

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

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

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

(City) (State) (ZIP Code) (Telephone Number)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	23-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30-31
6	Historic Preservation Act Requirements	32-33
7	Project and Sources of Funds Itemization	34
8	Financial Commitment Document if required	35
9	Cost Space Requirements	36
10	Discontinuation	N/A
11	Background of the Applicant	37-41
12	Purpose of the Project	42-44
13	Alternatives to the Project	45
14	Size of the Project	46
15	Project Service Utilization	47-50
16	Unfinished or Shell Space	51
17	Assurances for Unfinished/Shell Space	52
	<b>Service Specific:</b>	
19	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
20	Comprehensive Physical Rehabilitation	N/A
21	Acute Mental Illness	N/A
22	Open Heart Surgery	N/A
23	Cardiac Catheterization	N/A
24	In-Center Hemodialysis	N/A
25	Non-Hospital Based Ambulatory Surgery	53-122
26	Selected Organ Transplantation	N/A
27	Kidney Transplantation	N/A
28	Subacute Care Hospital Model	N/A
29	Community-Based Residential Rehabilitation Center	N/A
30	Long Term Acute Care Hospital	N/A
31	Clinical Service Areas Other than Categories of Service	N/A
32	Freestanding Emergency Center Medical Services	N/A
33	Birth Center	N/A
	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	123
35	Financial Waiver	124
36	Financial Viability	125
37	Economic Feasibility	126
38	Safety Net Impact Statement	127
39	Charity Care Information	N/A
40	Flood Plain Information	128-129



## **ATTACHMENT 1**

### **Type of Ownership of Applicant**

Included with this attachment is the Certificate of Good Standing for the applicant, Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute.

**ATTACHMENT 1**  
**Certificate of Good Standing**  
**Illinois Back & Neck Institute, PLLC**

---

*File Number*

0456293-3



***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***

**ILLINOIS BACK & NECK INSTITUTE, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 01, 2013, AND HAVING ADOPTED THE ASSUMED NAME OF ILLINOIS BONE & SPINE INSTITUTE ON SEPTEMBER 09, 2022, 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 #: 2502900480 verifiable until 01/26/2026  
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 26TH day of JANUARY A.D. 2025 .***

  
ALEXI GIANNOULAS  
SECRETARY OF STATE

## **ATTACHMENT 2**

### **Site Ownership**

Attached as evidence of control over the site is a copy of the facility's property tax statement for 2022. The tax document reflects that Menaj, LLC is the site owner. There is common ownership of Menaj, LLC and the licensee Illinois Back and Neck Institute d/b/a Illinois Bone and Spine Institute.

## ATTACHMENT 2 Site Ownership

### MAKE CHECK PAYABLE TO: DU PAGE COLLECTOR - SEND THIS COUPON WITH YOUR 1ST INSTALLMENT PAYMENT OF 2023 Tax

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203  
PAY ON-LINE AT: [www.dupagecounty.gov/treasurer](http://www.dupagecounty.gov/treasurer)  
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



06-14-409-062  
MENAJ LLC  
420 E WATERSIDE DR  
UNIT 501  
CHICAGO IL 60601-8000

ON OR BEFORE:	PAY:
JUN 03, 2024	0.00
PAYING LATE?	PAY THIS AMOUNT:
JUN 4 THRU 30	0.00
JUL 1 THRU 31	0.00
AUG 1 THRU 31	0.00
SEP 1 THRU 30	0.00
OCT 1 THRU 31	0.00
NOV 1 THRU 30	0.00

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY

PAYMENT OF THIS 2023 TAX BILL AFTER OCTOBER 31, 2024, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

☐ CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

NO PAYMENT WILL BE ACCEPTED AFTER NOV 20, 2024

\$31,198.72 PAID September 08, 2024

1061440906256067000294327541

### MAKE CHECK PAYABLE TO: DU PAGE COLLECTOR - SEND THIS COUPON WITH YOUR 2ND INSTALLMENT PAYMENT OF 2023 Tax

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203  
PAY ON-LINE AT: [www.dupagecounty.gov/treasurer](http://www.dupagecounty.gov/treasurer)  
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION



06-14-409-062  
MENAJ LLC  
420 E WATERSIDE DR  
UNIT 501  
CHICAGO IL 60601-8000

ON OR BEFORE:	PAY:
SEP 03, 2024	0.00
PAYING LATE?	PAY THIS AMOUNT:
SEP 4 THRU 30	0.00
OCT 1 THRU 31	0.00
* NOV 1 THRU 30	0.00

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY

PAYMENT OF THIS 2023 TAX BILL AFTER OCTOBER 31, 2024, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

☐ CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

NO PAYMENT WILL BE ACCEPTED AFTER NOV 20, 2024

\$29,874.24 PAID September 08, 2024

2061440906256067000294327542

Rate 2022	Tax 2022	Taxing District	Rate 2023	Tax 2023
		** COUNTY **		
0.0628	651.56	COUNTY OF DU PAGE	0.0699	1,048.84
0.0180	194.38	PENSION FUND	0.0180	210.00
0.0300	308.54	HEALTH DEPARTMENT	0.0291	339.50
0.0111	114.16	PENSION FUND	0.0103	120.16
0.1055	1,085.02	FOREST PRESERVE DIST	0.1001	1,167.84
0.0075	77.14	PENSION FUND	0.0075	87.50
0.0139	142.96	DU PAGE AIRPORT AUTH	0.0132	154.00
		** LOCAL **		
NO LEVY	0.00	DU PAGE WATER COMM	NO LEVY	0.00
0.0411	422.70	YORK TOWNSHIP	0.0426	496.98
0.0048	49.36	PENSION FUND	0.0047	54.84
0.0432	444.30	YORK TWP ROAD	0.0449	523.84
0.0017	17.48	PENSION FUND	0.0014	16.34
0.1685	1,732.98	CITY OF ELMHURST	0.1255	1,464.16
0.2783	2,862.20	PENSION FUND	0.3010	3,511.68
0.2238	2,302.72	CITY ELMHURST LIBR	0.2158	2,517.68
0.3010	3,096.68	ELMHURST PARK DIST	0.3024	3,528.00
0.0275	282.82	PENSION FUND	0.0248	289.34
		** EDUCATION **		
1.3353	13,733.04	GRADE SCHOOL DIST 48	1.4190	16,555.06
0.0190	195.40	PENSION FUND	0.0201	234.50
1.9965	20,533.20	HIGH SCHOOL DIST 88	2.0254	23,629.74
0.0577	593.42	PENSION FUND	0.0592	690.66
0.1948	2,001.38	COLLEGE DU PAGE 502	0.1907	2,224.84
		** TF **		

Mailed to:  
MENAJ LLC  
420 E WATERSIDE DR  
UNIT 501  
CHICAGO IL 60601-8000

Property Location:  
300 W BUTTERFIELD RD  
ELMHURST IL 60126-5017

Township Assessor:

YORK

630-627-3354

Tax Code:

6087

Property Index Number:

06-14-409-062

CHANGE OF NAME/ADDRESS:  
CALL: 630-407-5900

\* S OF A FACTOR 1.9914

1st INST PAID September 08, 2024  
2nd INST PAID September 08, 2024

TIF Frozen Value	
Fair Cash Value	3,500,400
Land Value	203,330
+ Building Value	983,140
= Assessed Value	1,166,670
x State Multiplier	1.0000
= Equalized Value	1,166,670
- Residential Exemption	
- Senior Exemption	
- Senior Freeze	
- Disabled Veteran	
- Disability Exemption	
- Returning Veteran Exemption	
- Home Improvement Exemption	
- House Abatement	
= Net Taxable Value	1,166,670
x Tax Rate	5.0456
= Total Tax Due	58,885.50
- Less Advance Payment	
- Commercial Abatement	
+ PACE Reimbursement	
= Net Due	0.00



2023 DuPage County Real Estate Tax Bill  
Gwen Henry, CPA, County Collector  
421 N. County Farm Road  
Wheaton, IL 60187

Office Hours - 8:00 am - 4:30 pm, Mon - Fri  
Telephone - (630) 407-5900

4.9528	51,040.42	TOTALS	5.0456	58,885.50
2022	1,628,460	Assessed Value	2023	1,166,670

### **ATTACHMENT 3**

#### **Operating Entity/Licensee**

The Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute is licensed by the Illinois Department of Public Health and will remain the licensee following this project. Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State.

**ATTACHMENT 3**  
**Operating Entity/Licensee**  
**Certificate of Good Standing for**  
**Illinois Back & Neck Institute, PLLC**

*File Number*

0456293-3



***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***

**ILLINOIS BACK & NECK INSTITUTE, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 01, 2013, AND HAVING ADOPTED THE ASSUMED NAME OF ILLINOIS BONE & SPINE INSTITUTE ON SEPTEMBER 09, 2022, 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 #: 2502600480 verifiable until 01/26/2026  
Authenticate at: <https://www.isos.gov>

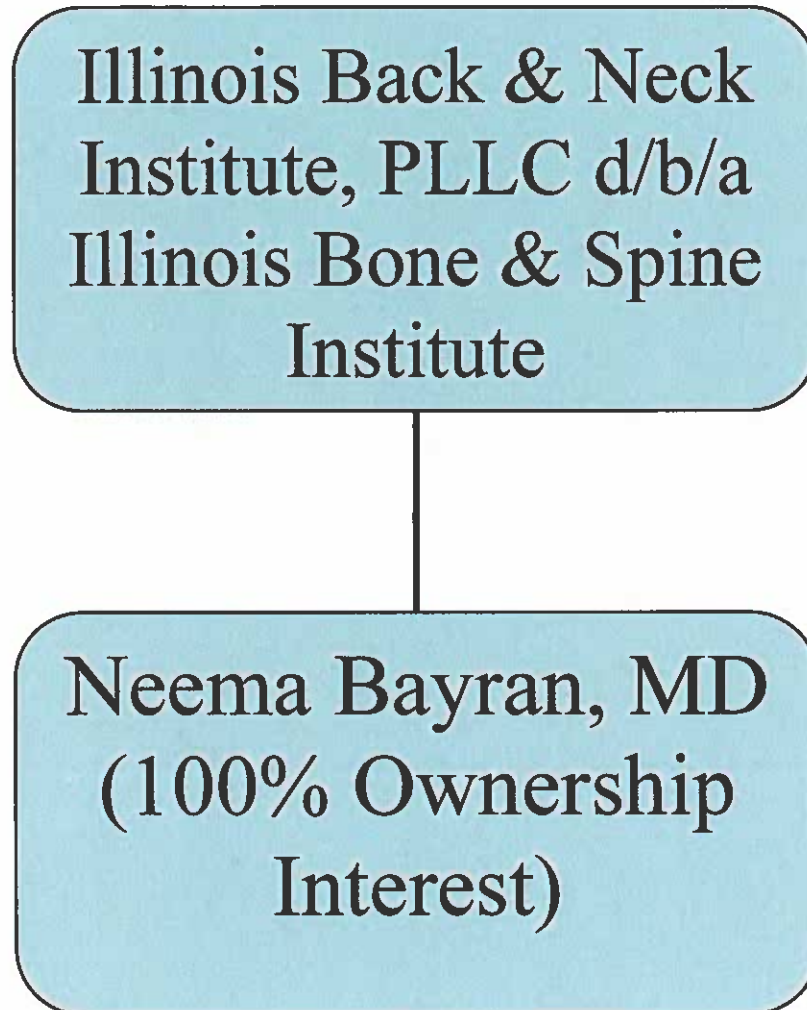
***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of JANUARY A.D. 2025 .***

  
SECRETARY OF STATE

## **ATTACHMENT 4**

### **Organizational Relationships**

The facility will be owned by the CEO of Applicant, Neema Bayran, MD, as identified in the organizational chart below.





## **ATTACHMENT 5 Flood Plain Requirements**



Illinois Bone & Spine Institute  
300 W. Butterfield Rd Ste. 105  
Elmhurst, IL 60126  
630.474.3735

March 14, 2025

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

**Re: Illinois Bone & Spine Institute- Flood Plain Requirements**

Dear Mr. Kniery:

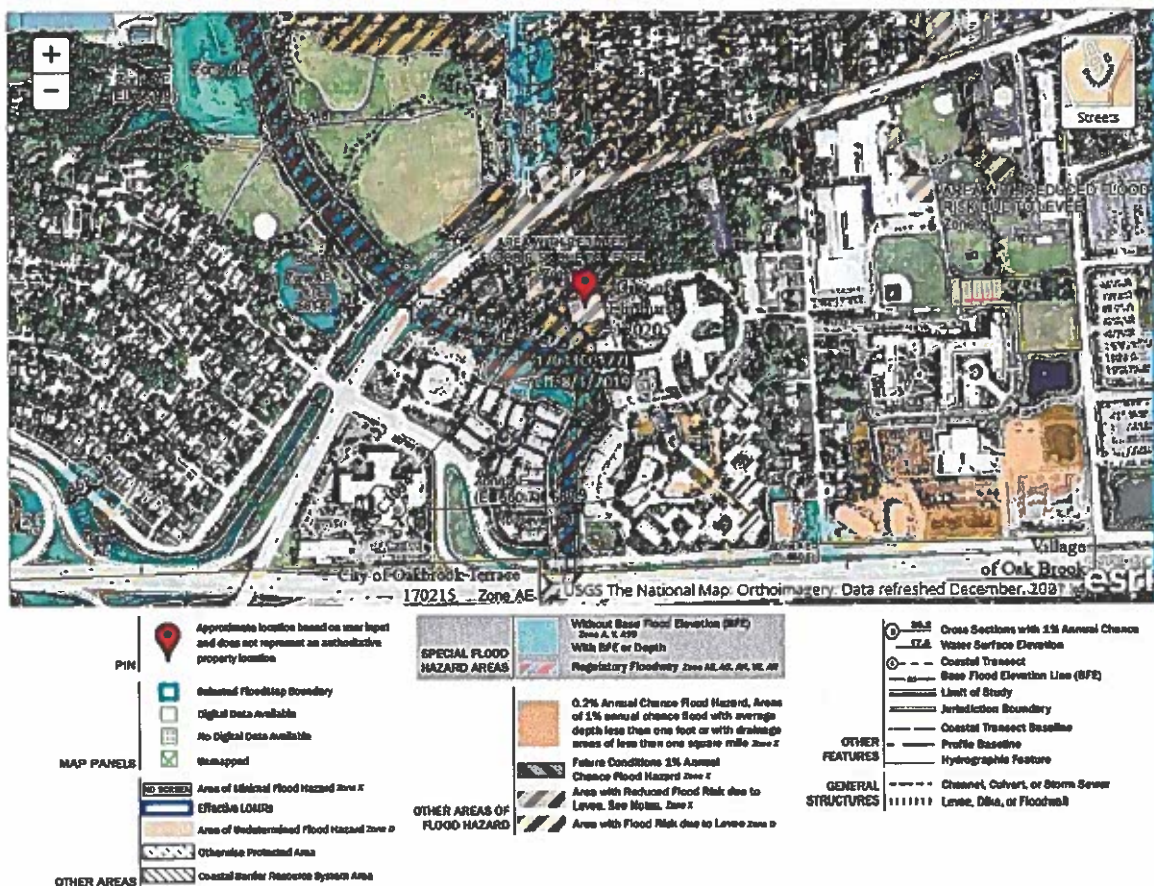
As representative of Illinois Back and Neck Institute, PLLC d/b/a Illinois Back & Spine Institute, I, Neema Bayran, M.D., affirm that our facility complies with Illinois Executive Order #2005-5. The facility location at 300 Butterfield Road, Elmhurst IL 60126 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely,

Neema Bayran, MD  
Chief Executive Officer  
Illinois Back and Neck Institute, PLLC d/b/a Illinois Back & Spine Institute

# ATTACHMENT 5 Flood Plain Requirements



## **ATTACHMENT 6**

### **Historic Preservation Act Requirements**

The proposed project is for the addition of the Podiatry and General Service categories of service to an existing ASTC. There is no construction or modernization of the existing facility contemplated as a result of this application and thus this criterion is not applicable. However, included as evidence of compliance with the Historic Preservation Act, enclosed with this attachment is a copy of the original clearance letter from the Historical Preservation Agency.

## ATTACHMENT 6

### Historic Preservation Act Requirements



#### Illinois Department of Natural Resources

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

JB Pritzker, Governor  
Colleen Callahan, Director

DuPage County  
Elmhurst

CON - Relocation of Ambulatory Surgical Treatment Center, Illinois Back and Neck Institute  
300 W. Butterfield Rd.  
SIPO Log #004082622

September 29, 2022

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

Dear Mr. Morado:

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Carey L. Mayer".

Carey L. Mayer, AIA  
Deputy State Historic  
Preservation Officer

## **ATTACHMENT 7**

### **Project Costs and Sources of Funds**

The proposed project is for the addition of the Podiatry and General Surgery categories of services to an existing ASTC. There is no construction or modernization of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

## **ATTACHMENT 8**

### **Project Status and Completion Schedules**

The proposed project does not involve construction and there is no change to the physical layout of the facility as it currently exists. The proposed project completion date is contingent upon approval by the Illinois Department of Public Health of the facility to perform Podiatry and General Surgery procedures under their existing license or by December 31, 2025.

## ATTACHMENT 9 Cost Space Requirements

Department / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Construction	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
ASC	-	2,737	2,737	-	-	2,737	-
Total Clinical	-	2,737	2,737	-	-	2,737	-
<b>NON- REVIEWABLE</b>							
Administrative	-	3,563	3,563	-	-	3,563	-
Total Non-clinical	-	3,563	3,563	-	-	3,563	-
<b>TOTAL</b>	<b>-</b>	<b>6,300</b>	<b>6,300</b>	<b>-</b>	<b>-</b>	<b>6,300</b>	<b>-</b>
APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							



## **ATTACHMENT 11**

### **Background of the Applicant**

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

#### **Illinois Back & Neck Institute, PLLC d/b/a Illinois Bone and Spine Institute**

1. The proposed project is brought forth by Illinois Back & Neck Institute, PLLC, doing business as Illinois Bone and Spine Institute. Neema Bayran, MD, is the sole and majority owner of Illinois Back & Neck Institute, LLC. The ownership of facility is reflected in Attachment 4.
2. Dr. Bayran does not have a direct ownership interest in any other health care facility in Illinois. The Applicants certify that there have been no adverse actions taken during the three (3) years prior to filing of this application. A letter certifying to the above information is included at Attachment 11.
3. We have included a letter authorizing access to the HFSRB and IDPH to verify information contained in the application at Attachment 11.
4. The facility is currently licensed by the Illinois Department of Public Health. Its ID number is 7003238 and its license expires May 2, 2026.

Dr. Neema Bayran is a highly respected interventional pain medicine specialist serving the Chicagoland area, known for his compassionate, personalized approach to chronic pain management. With more than three decades of clinical experience, Dr. Bayran is double board-certified in Anesthesiology and Pain Medicine and brings a depth of expertise to every patient encounter. He is affiliated with The Pain Center of Illinois and maintains hospital privileges at several of the region's leading medical institutions, including Northwestern Medicine Central DuPage Hospital and NorthShore University HealthSystem's Evanston Hospital.

Dr. Bayran completed his anesthesiology residency at the University of Illinois College of Medicine, where he served as Chief Resident. He went on to complete a fellowship in Interventional Pain Management at the University of Illinois at Chicago, solidifying his focus on cutting-edge, minimally invasive techniques that provide lasting relief for patients struggling with complex pain conditions.

Throughout his career, Dr. Bayran has been committed to reducing pain and restoring function without overreliance on long-term opioid use. His clinical expertise includes advanced procedures such as epidural steroid injections, radiofrequency ablation, spinal cord stimulation, and regenerative therapies including platelet-rich plasma (PRP) and stem cell treatments. Fluent in English, Persian, Romanian, and Spanish, Dr. Bayran is especially valued for his ability to connect with a diverse patient population and for his thoughtful, empathetic communication style.

At the core of his practice is a simple yet powerful philosophy: listen carefully, treat the whole person, and tailor every plan to the individual.

## **ATTACHMENT 11**

### **Background of the Applicant**



**Illinois Bone & Spine Institute**  
300 W. Butterfield Rd Ste. 105  
Elmhurst, IL 60126  
630.474.3735

**March 14, 2025**

**John P. Kniery**  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

#### **Re: Illinois Bone & Spine Institute – Certification and Authorization**

**Dear Mr. Kniery,**

As a representative of Illinois Back and Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute, I, Neema Bayran, MD, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Illinois Bone & Spine Institute has an ownership interest in one other healthcare facility. Said healthcare facility has had no adverse actions to report for the past three (3) years.

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

**Sincerely,**

**Neema Bayran, MD**  
CEO  
Illinois Back and Neck Institute, PLLC d/b/a Illinois Back & Spine Institute

## **ATTACHMENT 11**

### **Background of the Applicant**

*Neema Bayran, MD*

*Board Certified Interventional Pain Management Physician  
Diplomate of the American Board of Anesthesiology and Pain Management  
Board Certified Independent Medical Examiner*

#### **The Pain Center of Illinois**

Chicago and Elmhurst, Illinois  
830 N Ashland Ave. C-1N  
Chicago, Illinois 60622  
Ph: (312) 624-8364 Fax: (312) 929-3323

#### **CERTIFICATION**

Board Certified Anesthesiologist- The American Board of Anesthesiology

Board Certified Interventional Pain Management- The American Board of Anesthesiology

American Board of Independent Medical Examiners – Board Certified Independent Medical Examiner

American Medical Association Guides to evaluation of Permanent Impairment, Sixth Edition- ABIME  
Board Certified

#### **CLINICAL PRACTICE**

The Pain Center of Illinois Ltd.	01/2008-Present
University of Illinois at Chicago (Assistant Professor)	07/2002 to 2010
Advanced Pain Centers	04/2007 to 06/2008
Advanced Pain and Anesthesia Consultant	07/2002 to 03/2007

#### **Hospital Affiliation**

Alexian Brothers Medical Center- Elk Gove Village, Illinois

Presence St. Joseph Hospital – Joliet, Illinois

West Lake Hospital- Melrose Park, Illinois

#### **Education**

University of Illinois at Chicago – Chicago, Illinois

## **ATTACHMENT 11**

### **Background of the Applicant**

Fellowship in Pain Management: 2001-2002  
Cleveland Clinic- Cleveland, Ohio  
Special Fellowship in Pain Management: 03/2002-04/2002  
University of Illinois at Chicago – Chicago, Illinois  
Anesthesiology Residency- 1997-2001

Timisoara University of Medicine and Pharmacy, Timisoara, Romania  
Doctor of Medicine: 1985-1991

University of Timisoara, Timisoara, Romania  
Pre-Medicine: 1984-1985

#### **Post-Doctoral Training:**

Transitional Year  
Teheran University of Medicine Science  
Teheran, Iran  
1992-1993

General Practitioner  
Teheran, Iran  
1993-1996

#### **PROFESSIONAL ORGANIZATIONS**

American Society of Anesthesiology- Member  
American Society of Regional Anesthesia- Member  
American Medical Association- Member

#### **RESIDENCY ACTIVITIES AND HONORS**

Chief Resident- Anesthesiology, University of Illinois at Chicago  
Midwestern Anesthesiology Resident Conference (MARC), Jeopardy Tournament Award-First Place

#### **LICENSURE**

2002-present: Illinois Physician and Surgeon's No: 036-103729

#### **CERTIFICATION**

Jun-1996	USMLE step 1
Aug-1996	USMLE step 2
Sep-2000	USMLE step 3

## ATTACHMENT 11

### Background of the Applicant

Apr-03	American Board of Anesthesiology
Sep-03	American Board of Pain Medicine
July-13	American Board of Anesthesiology-Recertification
Sep-13	American Board of Pain Medicine-Recertification

#### LANGUAGES

Fluent in conversational and medical English, Romanian, Persian

#### PUBLICATIONS

- 1) Lu, Y; Laurito, C.; Beyranvand, N.; Sadoughi, A.R.;  
Yeomans, D.C.; (2001) Antinociceptive Pharmacology  
Produced by Noradrenergic Descending Modulation for Responses to Different  
Rates of Noxious Radiant Heating,  
Regional Anesthesia and Pain Medicine, Vol. 26, pp.114

#### PRESENTATIONS

- 1) Beyranvand, N.; Lu, Y; Laurito, C. ;Yeomans, D.C.;  
Antihyperalgesia induced by Exposure of Mouse Skin to Herpes Simplex Virus, which  
encodes Antisense For CGRP;  
MARC Meeting-2000
- 2) Beyranvand, N.; Lu, Y; Laurito, C. ; Sadoughi, A.R.;  
Yeomans, D.C.; Antinociceptive Pharmacology Produced  
By Noradrenergic Descending Modulation for Responses to  
Different Rates of Noxious Radiant Heating;  
MARC Meeting  
(2001)



## **ATTACHMENT 12**

### **Purpose of the Project**

The Applicant seeks authorization from the Illinois Health Facilities and Services Review Board (HFSRB) to add Podiatry and General Surgery to the array of services offered at an existing ambulatory surgical treatment center (ASTC). This expansion will enhance access to specialized outpatient surgical services for residents within the defined market area, improve utilization of the facility, and help address unmet patient needs.

The proposed project responds to documented trends in outpatient surgical care and will support the health and well-being of the local population by providing access to commonly needed procedures in a lower-cost, lower-risk setting. This expansion also ensures that patients can access more comprehensive musculoskeletal and general health services within one coordinated facility. Adding these services to the existing ambulatory surgical treatment center will improve utilization and address unmet patient needs at the Illinois Bone & Spine Institute ("IBSI"). IBSI already provides services to patients focused on various musculoskeletal injuries, including Neurological, Orthopedic, and Pain Management. By allowing for Podiatric and General Surgery procedures it will help address a gap in available services for those visiting IBSI. Adding Podiatry and General Surgery to IBSI will also allow for better utilization of the facility and its surgical recovery areas.

#### **Defined Market Area**

The market area encompasses a 10-mile radius from the current facility location, consistent with HFSRB's guidelines for geographic service areas. The patient population primarily resides in Cook County, with some overlap into northern Will and southern DuPage counties. The defined area is densely populated and includes diverse demographic groups with varied healthcare needs.

#### **Addressing Unmet Need and Enhancing Access**

This application contains multiple referral letters from physicians who are committed to referring patients to the facility for Podiatric and General Surgery procedures. The facility has on multiple occasions faced a situation where patients have arrived with a host of injuries related to an accident and the facility is limited in performing procedures on the feet of patients. While there are circumstances that this procedure would be considered orthopedic, they could also be categorized as podiatric and the Applicant, in an effort to ensure compliance with the state and the CON program, is seeking to add Podiatry to the services they can offer patients.

There is a clear unmet need among patients presenting with conditions that extend beyond the current service offerings. For example, patients with lower extremity trauma, including those with fractures and soft tissue injuries involving the foot and ankle, often require both orthopedic and podiatric care. While these procedures share an anatomical focus, they are classified separately under Illinois licensure and CON rules. Without approval for podiatry, the facility is unable to treat patients requiring procedures such as:

- Bunionectomy with osteotomy
- Hammertoe correction
- Metatarsal head resection
- Plantar fascia release
- Ankle arthroscopy
- Repair of flexor/extensor tendons in the foot

## **ATTACHMENT 12**

### **Purpose of the Project**

Similarly, physicians at the facility have faced obstacles when an Anterior Lumbar Interbody Fusion procedure needs to be completed. To access the spine, a front abdomen surgery is required to perform the procedure. Because the facility is not approved for General Surgery the patient was forced to wait for availability at the nearby hospital to address their condition. Other common general surgery procedures that the facility expects to perform include hernias which is a common sports related injury and the type that patients would utilize the facility may be suffering from in addition to musculoskeletal issues.

Podiatry focuses on the diagnosis and treatment of disorders and injuries of the foot and ankle, has seen significant advancements in recent years, particularly in the realm of surgical procedures. Traditionally, many podiatric surgeries were performed in hospital settings, requiring lengthy hospital stays and prolonged recovery periods. General surgical procedures encompass a broad spectrum of operations, and traditionally, many of these surgeries required inpatient care and extended hospital stays. However, innovations in treatment options have led to a transition from inpatient to outpatient surgery and it has had numerous benefits for patients, healthcare systems, and society at large.

One notable innovation in general surgery and podiatric surgery is the development of minimally invasive techniques. These approaches involve smaller incisions, specialized instruments, and often in podiatry they can use endoscopy or arthroscopy to visualize and treat foot and ankle conditions. Minimally invasive surgery has been shown to reduce postoperative pain, decrease the risk of infection, and shorten recovery times (Frykberg et al., 2019). Additionally, these techniques often allow patients to return to their regular activities more quickly, which is particularly beneficial in an outpatient setting. Advancements in anesthesia techniques have made outpatient general surgery and podiatric surgery safer and more comfortable for patients. Regional anesthesia, such as peripheral nerve blocks and epidurals, allows for pain control without the need for general anesthesia. This reduces the risk of complications associated with general anesthesia and accelerates the patient's postoperative recovery (Hill & Stuchin, 2015).

#### **Evidence and Documentation**

Referral letters from affiliated physicians underscore demand for expanded podiatric and general surgical services. Physicians report frequent instances where patients presenting for musculoskeletal or injury-related concerns could have been fully treated on-site had podiatry or general surgery been available.

Literature supports that the shift toward outpatient podiatric and general surgeries yields clinical, operational, and economic benefits. A study by Menz et al. (2019) confirms significant cost savings from outpatient podiatric surgeries. Outpatient facilities are associated with fewer hospital-acquired infections (HAIs), improved recovery times, and greater patient satisfaction (Centers for Disease Control and Prevention, 2021).

Additionally, advancements in minimally invasive surgery (MIS) have made it feasible and safe to perform a broad array of podiatric and general surgeries in ASTC settings. MIS techniques result in less tissue trauma, lower pain levels, shorter recovery times, and improved outcomes. In podiatry, use of arthroscopy and laser-assisted surgery has revolutionized treatment for foot and ankle disorders. For general surgery, laparoscopic hernia repair, gallbladder removal, and small abdominal procedures are now commonly and safely performed in outpatient settings.

## **ATTACHMENT 12**

### **Purpose of the Project**

#### **Project Impact on Population Health and Well-Being**

By integrating podiatry and general surgery services, the Applicant will:

- Improve continuity of care for existing patients.
- Reduce delays and disruptions in treatment plans.
- Expand access to timely and affordable outpatient surgeries.
- Support better long-term musculoskeletal and general health outcomes.

#### **Goals and Measurable Objectives**

Goal 1: Expand access to podiatric and general surgical procedures for patients in the market area, and improve patient experience and continuity of care.

#### **Conclusion**

Adding Podiatry and General Surgery to the existing ASTC's license will allow the facility to better serve its patient base, meet growing procedural demand, and improve outcomes through integrated care delivery. The proposal aligns with state goals of supporting cost-effective, high-quality care in outpatient settings, while meeting a demonstrated community need in a responsible and efficient manner.

#### **Citations**

- Menz, H. B. (2019). Economic evaluation of outpatient podiatric surgery.
- Centers for Disease Control and Prevention. (2021). Healthcare-associated infections.
- Frykberg, R. G., et al. (2019). Innovations in podiatric surgical care.
- Hill, D. A., & Stuchin, S. A. (2015). Outpatient surgery: Anesthetic innovations and cost savings.



## **ATTACHMENT 13**

### **Alternatives**

The Applicant explored several options before submitting this application to the Board requesting the additional categories of service for Illinois Bone & Spine Institute.

Among other options, the Applicant considered maintaining the status quo, seeking out other ASTC's or Hospitals, or the Project as Proposed. For the reasons stated below, Applicant opted to seek the Project as Proposed.

#### **Alternative #1: Maintain the Status Quo (No additional Cost)**

While this option would incur no additional capital expenditures, it would fail to address the clear and growing need among IBSI patients for Podiatry and General Surgery services. Physicians currently practicing at IBSI frequently encounter patients with musculoskeletal conditions that require these categories of procedures, yet are limited in their ability to deliver comprehensive care due to regulatory constraints. Continuing with the status quo would perpetuate a service gap, delay treatment for patients, and ultimately hinder continuity of care. For these reasons, maintaining the status quo was deemed inadequate.

#### **Alternative #2: Utilization of Existing ASTCs and Hospital**

The Applicant also considered referring patients to other area ambulatory surgical treatment centers (ASTCs) or hospital operating rooms. However, this alternative was found to be inefficient and patient-disadvantaging. While there are ASTCs within a 10-mile radius of IBSI, not all offer the specific categories of service needed, and even fewer have established relationships or capacity to accommodate IBSI patients. Hospital-based surgical services, while more universally available, often involve longer scheduling delays, higher costs, and less patient convenience compared to ASCs. Moreover, outsourcing care fragments the patient experience and may compromise care quality, particularly when specialized musculoskeletal expertise is required. This approach was therefore not pursued.

#### **Alternative #3: Project as Proposed**

The Applicant has concluded that pursuing the proposed project—adding Podiatry and General Surgery as approved categories of service—is the most responsible, sustainable, and beneficial course of action. It enables IBSI to meet demonstrated patient demand by offering these procedures in a cost-effective and clinically integrated manner. The project leverages existing infrastructure and interdisciplinary care teams, ensuring a seamless expansion without the need for new construction or substantial capital outlay. IBSI has a proven track record of high-quality care delivery, and adding these new service lines will build upon that foundation. In terms of patient outcomes, operational efficiency, and regulatory compliance, the proposed project represents the most appropriate and forward-looking alternative.

## **ATTACHMENT 14**

### **Size of the Project**

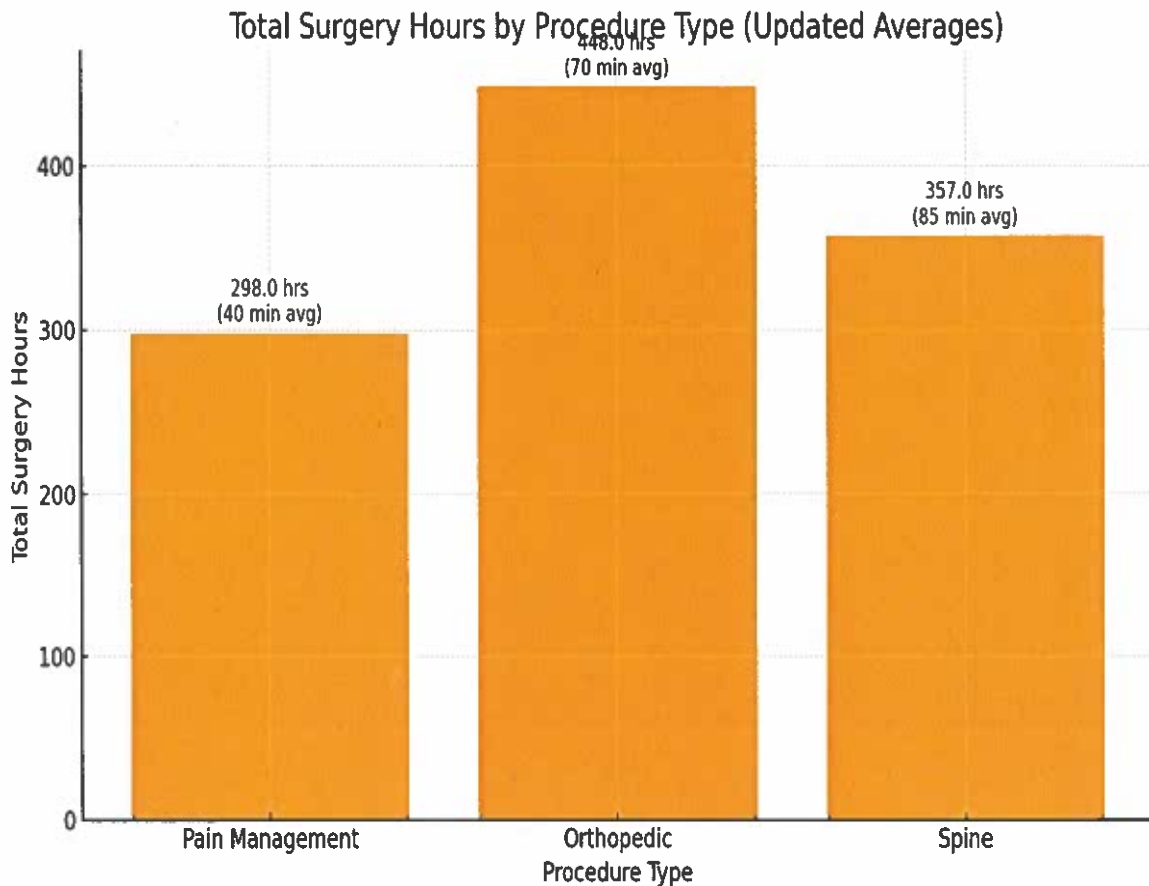
The square footage identified in this application for the proposed projects, includes one operating room, 12 recovery stations is necessary, not excessive, and consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110, as documented below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC (1 Operating Room)	2,737	2,750 GSF per treatment room	-13 GSF	YES

## ATTACHMENT 15

### Project Service Utilization

The annual utilization expected of an ASTC with one operating room should be 1500 hours per surgical or procedure room. The facility was only recently licensed in mid-2021 and in 2024, they completed their accreditation survey for deemed status with the Medicare program. At the end of 2024, the facility performed procedures on 2,071 patients for a total of 1,103 hours of utilized time in the 1 operating room. Below find two graphs reflecting the total number of procedures and hours utilized at the facility in 2024.



## ATTACHMENT 15

### Project Service Utilization

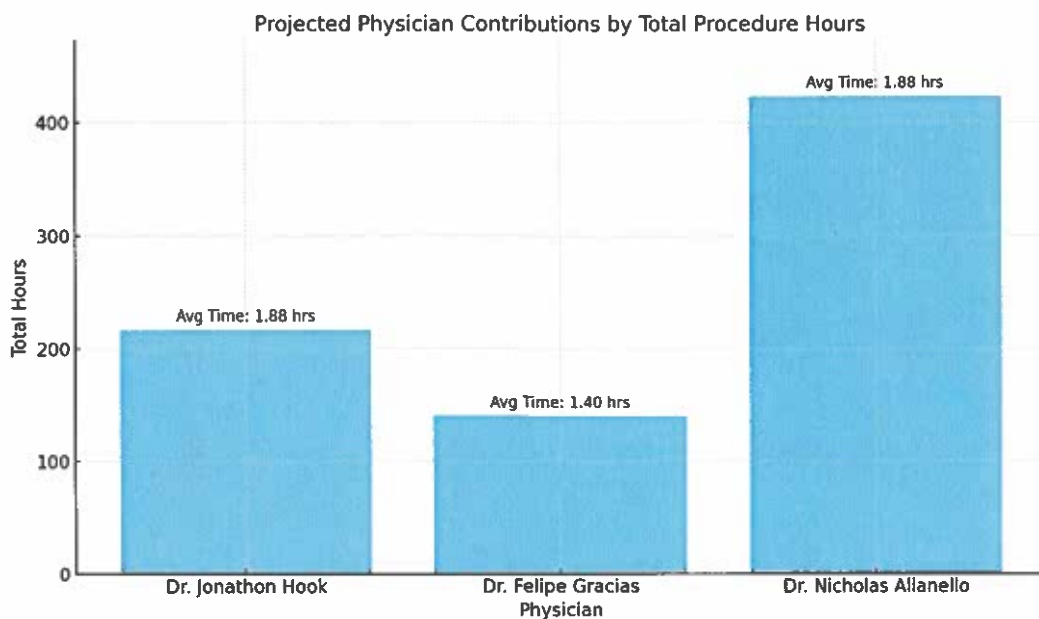
	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL	
Pain	Bayran	64	79	72	74	92	75	72	54	86	79	76	80	903
	Mohiuddin	21	27	36	27	44	43	30	36	23	20	22	25	354
	Mejia	25	38	31	29	50	33	23	51	31	52	35	49	447
Ortho	Tu	2	4	5	3	3	4	4	4	4	0	4	2	39
	Shah	2	4	4	0	0	6	3	5	3	2	3	0	32
	Giannoulis	0	2	3	7	1	2	0	1	1	2	4	3	26
	Park	1	0	0	0	0	0	0	0	0	0	0	0	1
	MacGillis	0	1	1	1	1	0	1	0	1	3	0	0	9
	Goldberg	0	0	0	0	0	0	0	0	1	1	2	1	5
	Sompalli	3	6	4	7	5	7	3	12	5	7	2	4	65
	Poepping	0	1	0	0	2	1	1	3	2	1	6	3	20
	Wolin	0	0	0	0	0	0	0	0	0	0	0	0	0
	DeFrino	1	0	0	0	0	0	0	0	1	0	0	1	3
	Markarian	0	1	0	0	0	0	0	0	6	3	0	2	12
	Bigert	0	0	0	0	0	0	0	1	0	1	0	0	2
	Watson	2	0	0	0	0	0	0	0	0	0	0	0	2
	Spine	Melkhail	11	2	13	10	8	13	10	10	10	6	11	19
Nedkrysh		2	2	1	2	1	1	0	2	1	0	0	0	12
Erickson		0	1	1	0	1	0	2	0	0	0	0	0	5
Sampat		2	0	2	1	0	0	0	0	0	0	0	0	5
Malek		0	0	0	1	0	0	0	0	0	0	0	0	1
Salehi		0	1	0	0	0	0	0	1	0	1	1	1	5
	Monthly Total	136	169	173	162	208	185	149	180	175	178	166	190	2071

The objective for any facility is to better utilize its available capacity and maintain a utilization of at least 80% of the target utilization standard or at least 1,500 hours per operating room on an annual basis. The addition of General Surgery and Podiatry procedures at Illinois Back & Neck Institute will result in increased utilization of the facility. As pledged in the attached letters by Drs. Hook, Gracias, and Alianello they anticipate referring 350 patients to be treated at Illinois Back & Neck Institute upon approval of this CON application by the Board. Adding these categories of service would also allow the facility to offer other physicians block time at the facility to provide similar services to their patients. With an open staff model, it is anticipated that additional physicians will seek credentialing with the facility to perform Podiatry and General Surgery procedures.

## ATTACHMENT 15

### Project Service Utilization

In 2021, the state average for completing a Podiatry procedure was 1.88 hours or roughly 113 minutes per procedure and the state average for completing a General Surgery was 1.40 hours or roughly 84 minutes (including room prep, procedure time, and room clean-up). The proposed 350 patient referrals could account for another 779 hours of utilized surgical time and increase the utilization of this existing facility. Based on the historical patients from 2024 and the proposed referrals, it is projected that the facility could treat 2,851 patients in year one and with no increase based on 2024 volumes. Because of this expected growth the facility is also considering adding a second operating room at the facility to accommodate the additional patient flow.



UTILIZATION					
	DEPARTMENT / SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	2,071	2,851	>1500 hours	YES
YEAR 2	ASTC	2,071	2,851	>1500 Hours	YES

## ATTACHMENT 15

### Project Service Utilization

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY- CALENDAR YEAR 2021															
STATE TOTALS	Number of Ambulatory Surgical Treatment Centers		147		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE										
	Number of Operating Rooms		403		PAYMENT SOURCE		MALE	FEMALE	TOTAL	Pct					
	Number of Procedure Rooms		159		Medicaid	7,547	12,389	19,936	4.0%						
	Number of Recovery Stations Stage 1		793		Medicare	78,198	102,318	180,516	36.4%						
	Number of Recovery Stations Stage 2		845		Other Public	6,363	4,501	10,864	2.2%						
	Number of Exam Rooms		162		Insurance	122,305	143,536	265,841	53.6%						
	Type of Ownership				Private Pay	5,631	12,123	17,754	3.6%						
		For Profit	135		Charity Care	620	838	1,458	0.3%						
	Not For Profit	7													
	Government	5													
NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR															
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense							
	22.0%	1.9%	3.0%	66.3%	6.8%	100.0%	Expense	as % of Total Net Revenue							
	247,014,855	21,397,418	33,583,378	745,580,132	76,988,258	1,124,563,841	1,730,877	0.15%							
OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR										STAFFING PATTERNS					
Surgery Area	Total Surgeries Performed	Surgery Time (Hours)	Prep and Clean-Up (Hours)	Total Surgery (Hours)	Average Time (Hours)	PERSONNEL				FULL-TIME EQUIVALENTS					
						Administrator				129.30					
Cardiovascular	225	158.25	115.55	273.80	1.22	Physicians				166.75					
Dermatology	1,063	1,247.80	682.20	1,930.00	1.82	Nurse Anesthetists				68.53					
Gastroenterology	15,827	18,597.89	5,343.26	23,941.15	1.51	Director of Nurses				111.10					
General Surgery	18,539	16,017.97	9,845.69	25,963.66	1.40	Registered Nurses				1,512.48					
Laser Eye Surgery	3,129	802.27	294.26	1,096.53	0.35	Certified Aides				140.72					
Neurological	1,510	1,483.03	1,116.13	2,599.16	1.72	Other Health Profs.				744.47					
OB/Gynecology	11,650	7,452.20	5,646.79	13,098.99	1.12	Other Non-Health Profs.				581.20					
Ophthalmology	89,642	40,990.54	25,980.32	66,950.86	0.75	TOTAL				3,454.53					
Oral/Maxillofacial	3,521	3,288.45	1,576.76	4,865.21	1.38	NUMBER OF PATIENTS BY AGE GROUP									
Orthopedic	77,381	105,381.97	42,455.21	147,837.18	1.91	AGE	MALE	FEMALE	TOTAL						
Otolaryngology	13,826	14,368.00	5,369.37	19,727.37	1.43	0-14	8,600	4,654	11,254						
Pain Management	36,668	9,311.89	13,119.45	22,431.34	0.61	15-44	34,388	52,440	86,828						
Plastic Surgery	10,378	43,242.87	10,570.21	53,813.08	5.19	45-64	85,324	101,344	186,668						
Podiatry	9,978	13,741.78	5,061.60	18,803.38	1.88	65-74	60,587	73,982	134,569						
Thoracic	24	21.00	8.00	29.00	1.21	75+	36,287	46,230	82,517						
Urology	14,047	11,358.72	5,770.45	17,129.17	1.22	TOTAL	223,186	278,650	501,836						
TOTAL	307,408	287,452.63	133,035.25	420,487.88	1.37										
PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR															
Surgery Area	Procedure Rooms	Total Surgeries	Surgery Time (Hours)	Prep/Clean-Up Time (Hours)	Total Surgery Time (Hours)	Average Case Time (Hours)									
Angiogram AV Fistula		78	38.00	44.00	82.00	1.08									
Angioplasty AV Fistu		183	137.00	153.00	290.00	1.58									
Cataract Extraction		3,316	718.45	553.00	1,271.45	0.38									
Cornea Surgery		33	16.50	4.00	20.50	0.62									
Dermatology (local a		537	268.50	268.50	537.00	1.00									
Electrophysiology		653	502.00	296.00	798.00	1.44									
ESRD Catheter, Fistu		612	306.00	306.00	612.00	1.00									
Gastro-Intestinal	91	144,581	54,909.75	27,409.30	82,319.05	0.57									
General Procedure Ro		1,291	437.50	767.50	1,205.00	0.93									
GI Room		327	156.80	109.00	265.80	0.81									
Glaucoma Surgery		32	21.00	4.50	25.50	0.80									
Induced abortion		4,184	347.00	694.00	1,041.00	0.25									
Interventional nephr		1,057	1,057.00	524.00	1,581.00	1.50									
IVF PROCEDURES		1,146	292.25	382.00	674.25	0.59									
Ketamine infusion th		13	36.25	3.25	41.50	3.19									
Laser Eye	12	7,232	1,208.85	855.63	2,064.48	0.29									
Mohs Surgery		1,588	794.00	794.00	1,588.00	1.00									
Multi-Laser Eye		324	108.00	81.00	169.00	0.58									
Multi-Pain		88	22.75	17.00	39.75	0.58									
Ophthalmology		6,053	2,333.00	1,210.50	3,543.50	0.59									
Pain Management	10	20,335	3,983.56	3,793.73	7,777.29	0.38									
Pediatric IVIG infus		189	804.00	47.25	851.25	4.50									
Percutaneous proced		83	83.00	83.00	166.00	1.76									
Plastic Surgery		110	73.50	11.00	84.50	0.77									
Plastic Surgery (loc		1,781	890.50	890.50	1,781.00	1.00									
Thrombectomy AV Fist		48	72.00	40.00	112.00	2.33									
Tonotomy		5	1.25	1.50	2.75	0.55									
Vascular surgery		524	1,310.00	524.00	1,834.00	3.50									
TOTALS	113	196,241	70,930.41	39,847.18	110,777.57	0.56									

Source: Ambulatory Surgical Treatment Center Questionnaire for 2021, Illinois Department of Public Health

4/22/2023

## **ATTACHMENT 16**

### **Unfinished or Shell Space**

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



## **ATTACHMENT 17**

### **Assurances**

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

## ATTACHMENT 25

### Non-Hospital Based Ambulatory Surgery Services to GSA Residents – 1110.235(c)(2)(B)

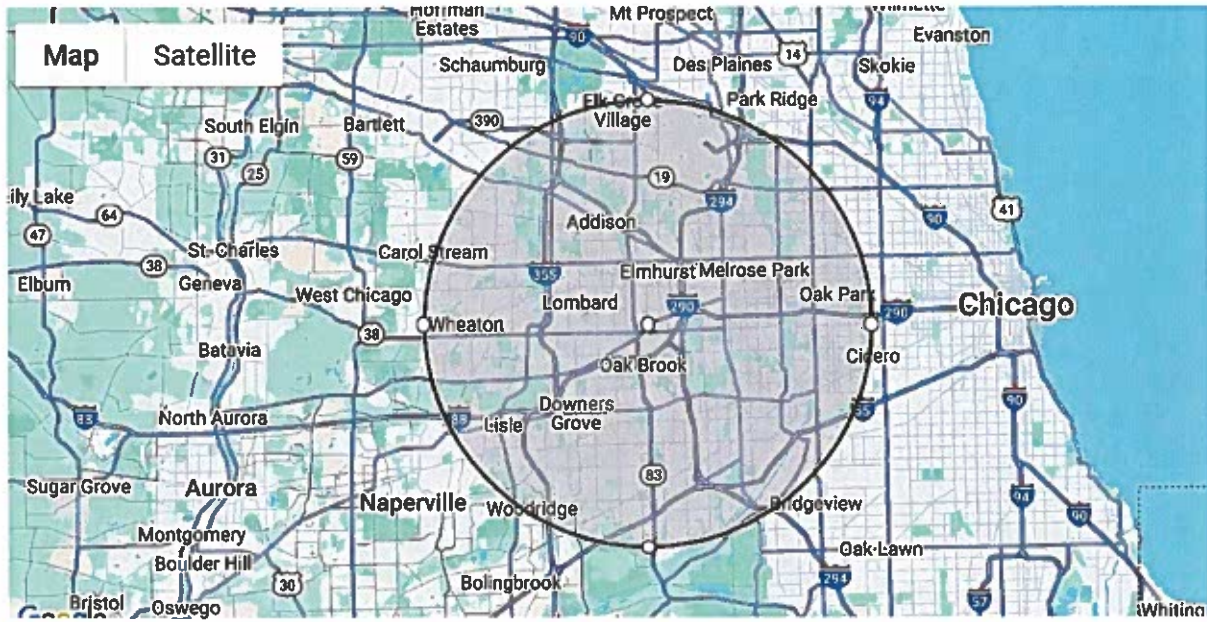
The proposed project is necessary to meet the needs of the residents of the planning area in which this facility will be located. As set forth in 77 Illinois Admin Code Section 1110.235(c)(2)(B), the ASTC serves patients residing in and around Elmhurst. Accordingly, the primary geographic service area ("GSA") consists of those areas within a 10-mile radius of the ASTC. The primary purpose of this project is to provide necessary health care services to the residents of the GSA in which the ASTC will be located. Listed on the following pages, in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes areas that are located within a 10-mile radius of the proposed site of the ASTC. The zip codes and area within a 10-mile radius of the proposed facility are listed below. We have included a map of the multi-directional travel radiuses of the proposed ASTC site.

Zip Code	Population (2020 Census)
60126	48,147
60163	5,285
60181	29,821
60162	8,337
60164	22,367
60165	4,576
60104	18,829
60523	10,347
60154	16,895
60148	52,794
60160	24,776
60131	18,205
60101	37,644
60106	20,562
60155	8,011
60153	23,512
60526	13,810
60191	14,456
60171	10,612
60558	13,629
60176	11,714
60141	131
60521	18,199

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

<b>Zip Code</b>	<b>Population (2020 Census)</b>
60137	38,985
60305	11,710
60130	14,346
60514	10,320
60513	19,514
60559	24,363
60143	11,214
60546	16,819
60515	29,278
60139	33,196
60707	43,241
60301	3,043
60634	75,694
60302	33,698
60157	2,668
60534	10,749
60706	24,327
60656	28,474
60018	30,051
60187	30,059
60007	33,670
60525	32,613
60402	64,706
60108	23,070
60644	47,239
60501	11,746
60189	30,377
60188	43,053
60639	89,542
60631	29,691
60172	24,560
<b>Total</b>	<b>1,354,675</b>

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



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

The proposed project is necessary to accommodate the service demand proposed by the project referrals to the facility. The Applicant is submitting multiple referral letters from three individual physicians that includes zip code specific patient origin of the individual physician's historical caseload and the patient origin to be serviced at the proposed facility is identical to that identified in the letter. The zip code data included reflects that the projected patient volume is from within the facility's geographic service area.

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

May 7, 2025

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

**Re: Referral Letter- Illinois Bone and Spine Institute**

Dear Mr. Kniery,

My name is Nicholas Alianello, DPM and I am a Podiatrist with the Weil Foot & Ankle Institute. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(4)(B). During the 12-month period prior to submission of this letter, I referred a total of 316 surgical procedures to the following facilities:

Hospital or ASTC Name	Number of procedures completed in the last 12 months	Number of procedures to be sent to proposed facility
Rush Oak Park Hospital	269	215
Rush University Medical Center	47	30

Based on my historical referrals, our existing waiting list, I anticipate referring 245 surgical cases by the second year of operation following completion of our project. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients we propose to refer reside within the proposed geographic service area.

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

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

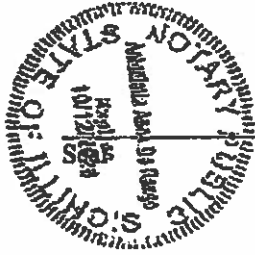
Physician's Signature 

Date 5/8/2025

(Please Print/Type Name) Antanietta A De Rango  
Signature of Notary

Subscribed and sworn to before me

this 12 day of may 2025



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

Patient Zip Code	Patient City	Total
46307	Crown Point	3
46356	LOWELL	1
46394	Whiting	1
46616	South Bend	1
49090	South Haven	1
49507	GRAND RAPIDS	1
60007	ELK GROVE VILLAGE	1
60056	Mount Prospect	2
60062	Northbrook	2
60067	Palatine	1
60089	Buffalo Grove	1
60104	Bellwood	4
60106	bensenville	1
60108	Bloomingtondale	1
60126	Elmhurst	1
60130	Forest Park	6
60131	FRANKLIN PARK	3
60133	Hanover Park	2
60137	Glen Ellyn	1
60153	MAYWOOD	2
60154	Westchester	4
60155	Broadview	1
60160	Melrose Park	5
60162	Hillside	1
60164	Northlake	1
60165	Stone Park	1
60172	Roselle	2
60181	OAKBROOK TERRACE	2
60181	Villa Park	2
60187	Wheaton	1
60189	Wheaton	1
60191	Wood Dale	1
60201	Evanston	1
60202	Evanston	2
60301	Oak Park	2
60302	Oak Park	18
60304	Chicago	2
60304	Oak Park	12
60305	RIVER FOREST	9
60401	Beecher	1
60402	Berwyn	7
60402	Stickney	1
60406	Blue Island	1



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

60409	Calumet City	1
60411	CHICAGO HEIGHTS	1
60411	Lynwood	1
60411	Sauk Village	1
60417	Crete	2
60419	Dolton	2
60423	Frankfort	1
60435	Joliet	1
60438	Lansing	1
60439	Lemont	2
60443	Matteson	2
60445	Midlothian	2
60446	Romeoville	2
60459	Burbank	1
60463	Palos heights	1
60467	Orland Park	1
60473	South Holland	1
60477	Tinley Park	1
60503	Aurora	1
60504	Plainfield	1
60513	Brook Field	1
60514	Clarendon Hills	2
60515	Downers Grove	1
60523	Oak Brook	1
60525	La Grange	2
60527	BURR RIDGE	1
60527	Willowbrook	2
60534	lyons	1
60544	Plainfield	2
60546	Riverside	1
60558	Western Springs	1
60559	WESTMOUNT	1
60561	Darien	1
60564	Naperville	1
60605	Chicago	2
60607	Chicago	4
60608	Chicago	4
60609	Chicago	7
60610	Chicago	1
60611	Chicago	1
60612	Chicago	5
60615	Chicago	1
60616	Chicago	2
60617	Chicago	3

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

60618	Chicago	2
60619	Chicago	5
60620	Chicago	2
60622	Chicago	1
60623	Chicago	3
60624	Chicago	7
60625	Chicago	2
60628	Chicago	2
60629	Chicago	4
60632	Chicago	8
60634	Chicago	5
60638	Chicago	1
60639	Chicago	3
60641	Chicago	7
60643	Chicago	2
60644	Chicago	8
60647	Chicago	1
60651	Chicago	13
60653	Chicago	2
60655	Chicago	1
60657	Chicago	1
60707	Chicago	2
60707	Elmwood Park	4
60804	Cicero	4
61341	MARSEILLES	1

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

April 1, 2025

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

**Re: Referral Letter- Illinois Bone and Spine Institute**

Dear Mr. Kniery,


My name is Felipe Gracias, M.D. and I am a General Surgeon. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(4)(B). During the 12-month period prior to submission of this letter, our practice referred a total of 352 surgical procedures to the following facilities:

Hospital or ASTC Name	Number of procedures completed in the last 12 months	Number of procedures to be sent to proposed facility
Palos Hospital	352	100

Based on my historical referrals, our existing waiting list, and proposed procedure that require my expertise in the facility, I anticipate referring 100 surgical cases by the second year of operation following completion of our project. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients we propose to refer reside within the proposed geographic service area.

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

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



Physician's Signature \_\_\_\_\_

Date April 1, 2025

(Please Print/Type Name) Felipe Gracias, M.D.

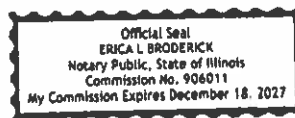
Signature of Notary:

Subscribed and sworn to before me

this 1<sup>st</sup> day of April 2025



Seal



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

Patient Number	Location	Zip Code
1	Palos Hospital	60482-2306
2	Palos Hospital	60467-5208
3	Palos Hospital	60477-2642
4	Palos Hospital	60477-262
5	Palos Hospital	60477-2642
6	Palos Hospital	60477-2687
7	Palos Hospital	60455-2907
8	Palos Hospital	60455-2907
9	Palos Hospital	60467-1997
10	Palos Hospital	60467-1997
11	Palos Hospital	60439-2917
12	Palos Hospital	60439-2917
13	Palos Hospital	60445-3311
14	Palos Hospital	60453-1513
15	Palos Hospital	60453-1513
16	Palos Hospital	60445-3326
17	Palos Hospital	60445-3326
18	Palos Hospital	60477-2642
19	Palos Hospital	60467-5208
20	Palos Hospital	60467-5208
21	Palos Hospital	60423-8772
22	Palos Hospital	60423-8772
23	Palos Hospital	60426
24	Palos Hospital	60452-1592
25	Palos Hospital	60452-1592
26	Palos Hospital	60464
27	Palos Hospital	60468
28	Palos Hospital	60415-1115
29	Palos Hospital	60477-8299
30	Palos Hospital	60487-5905
31	Palos Hospital	60487-5905
32	Palos Hospital	60456-1293
33	Palos Hospital	60456-1293
34	Palos Hospital	60456-1236
35	Palos Hospital	604582-2005
36	Palos Hospital	60452-2836
37	Palos Hospital	60464-2564
38	Palos Hospital	60464-2564
39	Palos Hospital	60445-3136
40	Palos Hospital	60445-3136
41	Palos Hospital	60445-3136

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

Patient Number	Location	Zip Code
42	Palos Hospital	60462-2839
43	Palos Hospital	60462-2839
44	Palos Hospital	60487-6188
45	Palos Hospital	60487-6188
46	Palos Hospital	60445
47	Palos Hospital	60482-2306
48	Palos Hospital	60463-1317
49	Palos Hospital	60463-1317
50	Palos Hospital	60463
51	Palos Hospital	60487-6039
52	Palos Hospital	60487-6039
53	Palos Hospital	60487-6039
54	Palos Hospital	60487-6039
55	Palos Hospital	60611-4409
56	Palos Hospital	60611-4409
57	Palos Hospital	60482-2359
58	Palos Hospital	60462-1448
59	Palos Hospital	60950-5212
60	Palos Hospital	60950-5212
61	Palos Hospital	60805-3344
62	Palos Hospital	60805-3344
63	Palos Hospital	60491-8824
64	Palos Hospital	60613-5308
65	Palos Hospital	60462-7401
66	Palos Hospital	60620
67	Palos Hospital	60463-1317
68	Palos Hospital	60463-1317
69	Palos Hospital	60459-1245
70	Palos Hospital	60459-1245
71	Palos Hospital	60464
72	Palos Hospital	60464
73	Palos Hospital	60453-4270
74	Palos Hospital	60453-4270
75	Palos Hospital	60453-4270
76	Palos Hospital	60453-4270
77	Palos Hospital	60482-2005
78	Palos Hospital	60482-2005
79	Palos Hospital	60482-2005
80	Palos Hospital	60418-4156
81	Palos Hospital	60418-4156
82	Palos Hospital	60643-4136
83	Palos Hospital	60638-3516
84	Palos Hospital	60467-5379
85	Palos Hospital	61370-9780
86	Palos Hospital	60638-2815
87	Palos Hospital	60638-2815
88	Palos Hospital	60638-2815

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

Patient Number	Location	Zip Code
89	Palos Hospital	60638-2815
90	Palos Hospital	60448
91	Palos Hospital	60487-7348
92	Palos Hospital	60464-1241
93	Palos Hospital	60611-4409
94	Palos Hospital	60409-4319
95	Palos Hospital	60441-4545
96	Palos Hospital	60448-1268
97	Palos Hospital	60448-1268
98	Palos Hospital	60453-5071
99	Palos Hospital	60453-5071
100	Palos Hospital	60457-1210
101	Palos Hospital	60462-2752
102	Palos Hospital	60462-2752
103	Palos Hospital	60655-3218
104	Palos Hospital	60655-3218
105	Palos Hospital	60501-1104
106	Palos Hospital	60462-3441
107	Palos Hospital	60462-3441
108	Palos Hospital	60462-3441
109	Palos Hospital	60469-1100
110	Palos Hospital	60463-2785
111	palos Hospital	60463-2785
112	Palos Hospital	60803-1003
113	Palos Hospital	60459
114	Palos Hospital	60638-4330
115	Palos Hospital	60452-1592
116	Palos Hospital	60652-3770
117	Palos Hospital	60652-3770
118	Palos Hospital	60462-4271
119	Palos Hospital	60465-3910
120	Palos Hospital	60452-3517
121	Palos Hospital	60452-3517
122	Palos Hospital	60463-3064
123	Palos Hospital	60441-4350
124	Palos Hospital	60643-3112
125	Palos Hospital	60643-3112
126	Palos Hospital	60805-3234
127	Palos Hospital	60805-3234
128	Palos Hospital	60805-3234
129	Palos Hospital	60459-1954
130	Palos Hospital	60459-1954
131	Palos Hospital	60477-3812
132	Palos Hospital	60477-3812
133	Palos Hospital	60477-3812
134	Palos Hospital	60463-2313
135	Palos Hospital	60443-2171

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

Patient Number	Location	Zip Code
136	Palos Hospital	60452-4341
137	Palos Hospital	60441
138	Palos Hospital	60456-1028
139	Palos Hospital	60803-2600
140	Palos Hospital	60459
141	Palos Hospital	60459
142	Palos Hospital	60461-1469
143	Palos Hospital	60445-3720
144	Palos Hospital	60477-2364
145	Palos Hospital	60459-2055
146	Palos Hospital	60463-1707
147	Palos Hospital	60463-1707
148	Palos Hospital	60457-1249
149	Palos Hospital	60457-1249
150	Palos Hospital	60445-3214
151	Palos Hospital	60445-3214
152	Palos Hospital	60445-3214
153	Palos Hospital	60445-3214
154	Palos Hospital	60482-2341
155	Palos Hospital	60462-1487
156	Palos Hospital	60452-4221
157	Palos Hospital	60443-2171
158	Palos Hospital	60443-2171
159	Palos Hospital	60443-2171
160	Palos Hospital	60443-2171
161	Palos Hospital	60443-2171
162	Palos Hospital	60409-5048
163	Palos Hospital	60409-5048
164	Palos Hospital	60465-1494
165	Palos Hospital	60467
166	Palos Hospital	60467
167	Palos Hospital	60418-1324
168	Palos Hospital	60418-1324
169	Palos Hospital	60655-1921
170	Palos Hospital	60655-1921
171	Palos Hospital	60464-1658
172	Palos Hospital	60462-4025
173	Palos Hospital	60457-1887
174	Palos Hospital	60546-1005
175	Palos Hospital	60546-1005
176	Palos Hospital	60463-2234
177	Palos Hospital	60463-2234
178	Palos Hospital	60463-2234
179	Palos Hospital	60452-2898
180	Palos Hospital	60452-1846
181	Palos Hospital	60464-7332
182	Palos Hospital	60464-7332



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

Patient Number	Location	Zip Code
183	Palos Hospital	60464-7332
184	Palos Hospital	60464-7332
185	Palos Hospital	60411-4741
186	Palos Hospital	60465-2225
187	Palos Hospital	60477-2658
188	Palos Hospital	60477-2658
189	palos Hospital	60477-2658
190	palos Hospital	60448-7911
191	palos Hospital	60448-7911
192	Palos Hospital	60465-2225
193	Palos Hospital	60465-2225
194	Palos Hospital	60465-2225
195	Palos Hospital	60418-4176
196	Palos Hospital	60418-4176
197	Palos Hospital	60418-4176
198	Palos Hospital	60418-4176
199	Palos Hospital	60426-5109
200	Palos Hospital	60426-5109
201	Palos Hospital	60426-5109
202	Palos Hospital	60426-5109
203	Palos Hospital	60465-5012
204	Palos Hospital	60462
205	Palos Hospital	60491-9194
206	Palos Hospital	60482-1633
207	Palos Hospital	60482-1633
208	Palos Hospital	60451-1270
209	Palos Hospital	60451-1270
210	Palos Hospital	60462-1877
211	Palos Hospital	60638-3437
212	Palos Hospital	60453-3912
213	Palos Hospital	60464
214	Palos Hospital	60464
215	Palos Hospital	60463-1804
216	Palos Hospital	60463-1804
217	Palos Hospital	60467
218	Palos Hospital	60463-1560
219	Palos Hospital	60423-8478
220	Palos Hospital	60491-9194
221	Palos Hospital	60482-2306
222	Palos Hospital	60617-2806
223	Palos Hospital	60561-4995
224	Palos Hospital	60453-1045
225	Palos Hospital	60430-3215
226	Palos Hospital	60628
227	Palos Hospital	60463-3009
228	Palos Hospital	60443-2171
229	Palos Hospital	60655-3622

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

Patient Number	Location	Zip Code
230	Palos Hospital	60464-7332
231	Palos Hospital	60411-4741
232	Palos Hospital	60491-9194
233	Palos Hospital	60463-2785
234	Palos Hospital	60463-2785
235	Palos Hospital	60803-1003
236	Palos Hospital	60459
237	Palos Hospital	60638-4330
238	Palos Hospital	60452-1592
239	Palos Hospital	60455-2163
240	Palos Hospital	60477-2357
241	Palos Hospital	60445-4226
242	Palos Hospital	60629-2913
243	Palos Hospital	60452-1028
244	Palos Hospital	60452-1028
245	Palos Hospital	60406-3860
246	Palos Hospital	60406-3860
247	Palos Hospital	60453-1045
248	Palos Hospital	60453-1045
249	Palos Hospital	60453-1045
250	Palos Hospital	60453-1045
251	Palos Hospital	60487-5647
252	Palos Hospital	60487-5647
253	Palos Hospital	60452-1626
254	Palos Hospital	60452-1626
255	Palos Hospital	60477-2636
256	Palos Hospital	60477-2357
257	Palos Hospital	60477-2357
258	Palos Hospital	60477-4132
259	Palos Hospital	60477-4132
260	Palos Hospital	60803-2238
261	Palos Hospital	60453-1045
262	Palos Hospital	60453-1045
263	Palos Hospital	60430-3215
264	Palos Hospital	60430-3215
265	Palos Hospital	60628
266	Palos Hospital	60491-8533
267	Palos Hospital	60445-2127
268	Palos Hospital	60445-2127
269	Palos Hospital	60442
270	Palos Hospital	60491-8202
271	Palos Hospital	60655-3758
272	Palos Hospital	60415-1933
273	Palos Hospital	60415-1933
274	Palos Hospital	60477-2729
275	Palos Hospital	60467-6089
276	Palos Hospital	60467-6089

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

Patient Number	Location	Zip Code
277	Palos Hospital	60467-6089
278	Palos Hospital	60462
279	Palos Hospital	60462
280	Palos Hospital	60467-1021
281	Palos Hospital	60467-1021
282	Palos Hospital	60467-1021
283	Palos Hospital	60445-2127
284	Palos Hospital	60439-8177
285	Palos Hospital	60482-2712
286	Palos Hospital	60423-7739
287	Palos Hospital	60452-1592
288	Palos Hospital	60452-1592
289	Palos Hospital	60423-1196
290	Palos Hospital	60423-1196
291	Palos Hospital	60459
292	Palos Hospital	60478-4641
293	Palos Hospital	60478-4641
294	Palos Hospital	60480-1432
295	Palos Hospital	60465-3241
296	Palos Hospital	60465-3241
297	Palos Hospital	60463-2903
298	Palos Hospital	60448-1400
299	Palos Hospital	60448-1400
300	Palos Hospital	60448-1400
301	Palos Hospital	60448-1400
302	Palos Hospital	60448-1400
303	Palos Hospital	60628
304	Palos Hospital	60482-1759
305	Palos Hospital	60482-1759
306	Palos Hospital	60482-1759
307	Palos Hospital	60482-1759
308	Palos Hospital	60620
309	Palos Hospital	60453-5345
310	Palos Hospital	60453-5345
311	Palos Hospital	60448-1989
312	Palos Hospital	60629-1134
313	Palos Hospital	60629-3808
314	Palos Hospital	60491-6903
315	Palos Hospital	60491-6903
316	Palos Hospital	60491-6903
317	Palos Hospital	60423-8478
318	Palos Hospital	60423-8478
319	Palos Hospital	60423-878
320	Palos Hospital	60639-0000
321	Palos Hospital	60467-8953
322	Palos Hospital	60652-3770
323	Palos Hospital	60652-3770

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

Patient Number	Location	Zip Code
324	Palos Hospital	60652-3770
325	Palos Hospital	60462-4271
326	Palos Hospital	60465-3910
327	Palos Hospital	60452-3517
328	Palos Hospital	60452-3517
329	Palos Hospital	60463-3064
330	Palos Hospital	60441-4350
331	Palos Hospital	60643-3112
332	Palos Hospital	60643-3112
333	Palos Hospital	60805-3234
334	Palos Hospital	60805-3234
335	Palos Hospital	60805-3234
336	Palos Hospital	60459-1954
337	Palos Hospital	60459-1954
338	Palos Hospital	60477-3812
339	Palos Hospital	60477-3812
340	Palos Hospital	60477-3812
341	Palos Hospital	60463-2313
342	Palos Hospital	60443-2171
343	Palos Hospital	60452-4341
344	Palos Hospital	60441
345	Palos Hospital	60456-1028
346	Palos Hospital	60803-2600
347	Palos Hospital	60459
348	Palos Hospital	60459
349	Palos Hospital	60461-1469
350	Palos Hospital	60445-3720
351	Palos Hospital	60477-2364
352	Palos Hospital	60459-2055

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

April 1, 2025

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

**Re: Referral Letter- Illinois Bone and Spine Institute**

Dear Mr. Kniery,

My name is Jonathon Hook DPM and I am a Podiatrist with the Weil Foot & Ankle Institute. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(4)(B). During the 12-month period prior to submission of this letter, our practice referred a total of 193 surgical procedures to the following facilities:

<b>Hospital or ASTC Name</b>	<b>Number of procedures completed in the last 12 months</b>	<b>Number of procedures to be sent to proposed facility</b>
Advocate Lutheran General Hospital	9	9
Advocate Condell Medical Center	9	9
Advocate Surgery Center	100	75
Greater Chicago Center for Advanced Surgery	14	14
North Suburban Pain and Spine	53	0
Northwest Community Hospital	8	8

Based on my historical referrals, our existing waiting list, and plans to hire additional personnel our practice anticipates referring 115 surgical cases by the second year of operation following completion of our project. Enclosed with this letter is a list of patient origin by zip code of residence. I certify that the patients we propose to refer reside within the proposed geographic service area.

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

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

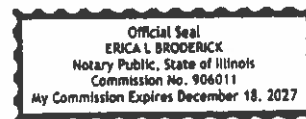
Physician's Signature  Date 5/4/2025

(Please Print/Type Name) Jonathon Hook DPM  
Signature of Notary:

Subscribed and sworn to before me

this 4<sup>th</sup> day of May 2025

  
Seal



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

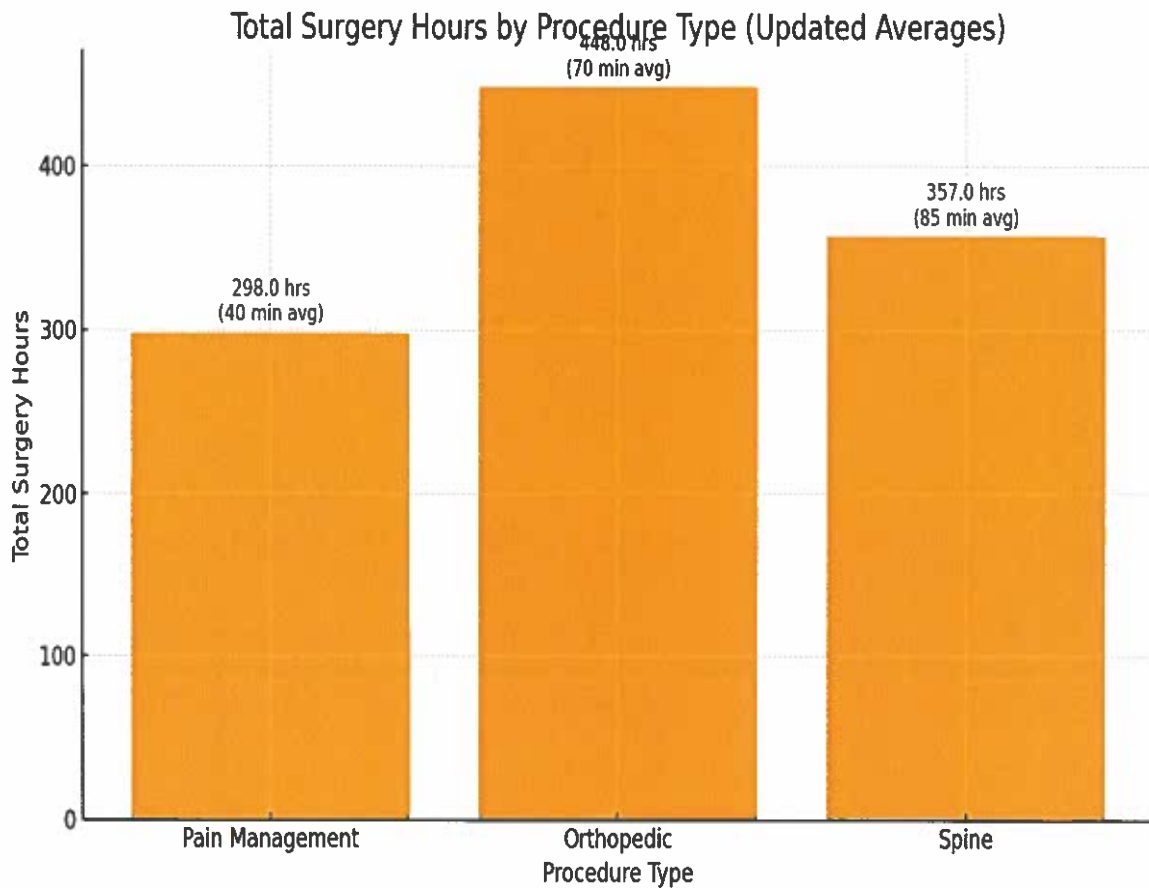
Zip Code	Total
46311	1
46409	1
53142	3
53143	1
53158	1
60002	1
60004	3
60007	2
60008	3
60010	1
60016	5
60022	1
60025	2
60030	2
60031	4
60035	2
60041	1
60045	3
60046	2
	2
60047	2
	1
60048	1
60056	1
	7
	2
60060	3
60061	3
60064	1
60068	1
60069	1
60070	1
60073	5
	1
60074	12
60076	1
60077	1
60083	1
60084	1
60085	2

Zip Code	Total
60087	2
60089	3
60090	2
60091	2
60093	1
	1
60099	2
	2
60101	10
60124	1
60133	1
60148	4
60153	2
60160	10
60162	10
60163	1
60169	1
60171	7
60172	1
60173	1
60181	1
60188	1
60193	1
60202	1
60418	1
60423	1
60431	1
60443	1
60446	1
60453	1
60463	1
60482	1
60506	1
60517	1
60525	1
60526	1
60560	1
60561	1
60614	1
60617	1

Zip Code	Total
60618	3
60619	2
60628	1
60632	1
60634	2
60636	1
60638	1
60639	1
60643	1
60657	1
60706	1
60707	1
	1
60714	1
60804	1
61548	
TOTAL	193

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

The annual utilization expected of an ASTC with one operating room should be 1500 hours per surgical or procedure room. The facility was only recently licensed in mid-2021 and in 2024, they completed their accreditation survey for deemed status with the Medicare program. At the end of 2024, the facility performed procedures on 2,071 patients for a total of 1,103 hours of utilized time in the 1 operating room.





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

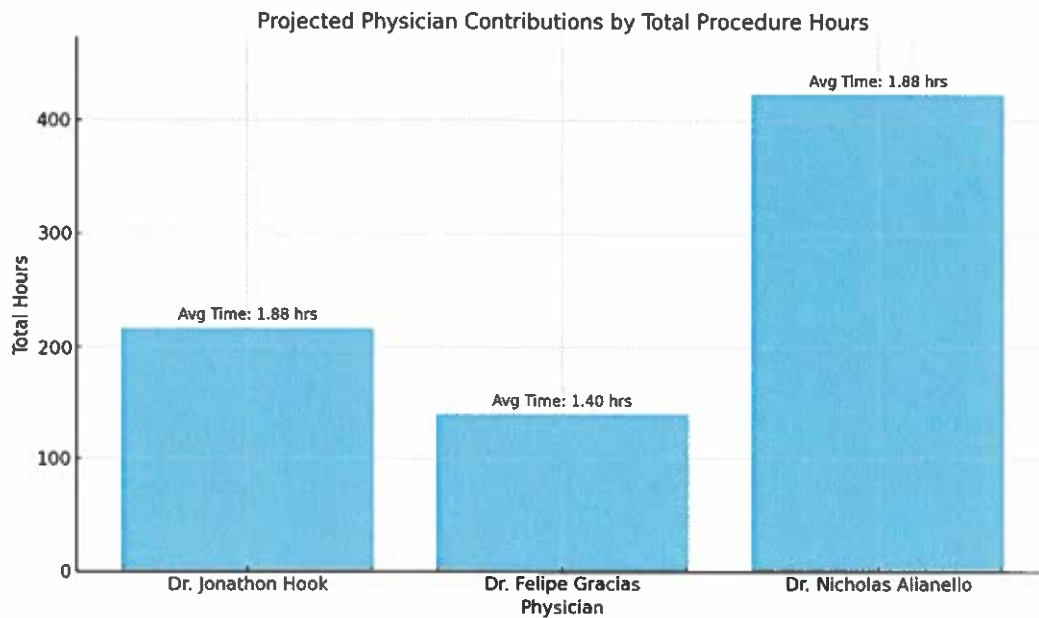
	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL	
Pain	Bayran	64	79	72	74	92	75	72	54	86	79	76	80	903
	Mohiuddin	21	27	36	27	44	43	30	36	23	20	22	25	354
	Mejja	25	38	31	29	50	33	23	51	31	52	35	49	447
Ortho	Tu	2	4	5	3	3	4	4	4	4	0	4	2	39
	Shah	2	4	4	0	0	6	3	5	3	2	3	0	32
	Giannoulis	0	2	3	7	1	2	0	1	1	2	4	3	26
	Park	1	0	0	0	0	0	0	0	0	0	0	0	1
	MacGillis	0	1	1	1	1	0	1	0	1	3	0	0	9
	Goldberg	0	0	0	0	0	0	0	0	1	1	2	1	5
	Sompalli	3	6	4	7	5	7	3	12	5	7	2	4	65
	Poepping	0	1	0	0	2	1	1	3	2	1	6	3	20
	Wolin	0	0	0	0	0	0	0	0	0	0	0	0	0
	DeFrino	1	0	0	0	0	0	0	0	1	0	0	1	3
	Markarian	0	1	0	0	0	0	0	0	6	3	0	2	12
	Bigart	0	0	0	0	0	0	0	1	0	1	0	0	2
	Watson	2	0	0	0	0	0	0	0	0	0	0	0	2
	Spine	Melkhal	11	2	13	10	8	13	10	10	10	6	11	19
Nedkrysh		2	2	1	2	1	1	0	2	1	0	0	0	12
Erickson		0	1	1	0	1	0	2	0	0	0	0	0	5
Sampat		2	0	2	1	0	0	0	0	0	0	0	0	5
Malek		0	0	0	1	0	0	0	0	0	0	0	0	1
Salehi		0	1	0	0	0	0	0	1	0	1	1	1	5
	Monthly Total	136	169	173	162	208	185	149	180	175	178	166	190	2071

The objective for any facility is to better utilize its available capacity and maintain a utilization of at least 80% of the target utilization standard or at least 1,500 hours per operating room on an annual basis. The addition of General Surgery and Podiatry procedures at Illinois Back & Neck Institute will result in increased utilization of the facility. As pledged in the attached letter by Drs. Hook, Gracias, and Alianello they anticipate referring 350 patients to be treated at Illinois Back & Neck Institute upon approval of this CON application by the Board. Adding these categories of service would also allow the facility to offer other physicians block time at the facility to provide similar services to their patients. With an open staff model, it is anticipated that additional physicians will seek credentialing with the facility to perform Podiatry and General Surgery procedures.

## ATTACHMENT 25

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

In 2021, the state average for completing a Podiatry procedure was 1.88 hours or roughly 113 minutes per procedure and the state average for completing a General Surgery was 1.40 hours or roughly 84 minutes (including room prep, procedure time, and room clean-up). The proposed 350 patient referrals would account for another 779 hours of utilized surgical time and increase the utilization of this existing facility. Based on the historical patients from 2024 and the proposed referrals, it is projected that the facility could treat 2,851 patients in year one and with no increase based on 2024 volumes.



UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1	ASTC	2,071	2,851	>1500 hours	YES
YEAR 2	ASTC	2,071	2,851	>1500 Hours	YES

# ATTACHMENT 25

## Non-Hospital Based Ambulatory Surgery

### Treatment Room Assessment – 1110.235(c)(4)

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY- CALENDAR YEAR 2021																
STATE TOTALS	Number of Ambulatory Surgical Treatment Centers				147	NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE										
	Number of Operating Rooms				403	PAYMENT SOURCE	MALE	FEMALE	TOTAL	Pct						
	Number of Procedure Rooms				159											
	Number of Recovery Stations Stage 1				793	Medicaid	7,547	12,389	19,936	4.0%						
	Number of Recovery Stations Stage 2				845	Medicare	78,198	102,318	180,516	36.4%						
	Number of Exam Rooms				182	Other Public	6,363	4,501	10,864	2.2%						
	Type of Ownership					Insurance	122,305	143,536	265,841	53.6%						
				For Profit	135 <th>Private Pay</th> <td>5,631</td> <td>12,123</td> <td>17,754</td> <td>3.6%</td> <th colspan="3"></th>	Private Pay	5,631	12,123	17,754	3.6%						
				Not For Profit	7 <th>Charity Care</th> <td>620</td> <td>838</td> <td>1,458</td> <td>0.3%</td> <th colspan="3"></th>	Charity Care	620	838	1,458	0.3%						
				Government	5											
NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR																
Medicare		Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care	Charity Care Expense								
22.0%		1.9%	3.0%	66.3%	6.8%	100.0%	Expense	as % of Total Net Revenue								
247,014,855		21,397,418	33,583,378	745,580,132	76,988,258	1,124,563,841	1,730,877	0.15%								
OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR										STAFFING PATTERNS						
						PERSONNEL		FULL-TIME EQUIVALENTS								
Surgery Area		Total Surgeries Performed	Surgery Time (Hours)	Prep and Clean-Up (Hours)	Total Surgery (Hours)	Average Time (Hours)	Administrator		129.30							
Cardiovascular		225	158.25	115.55	273.80	1.22	Physicians		166.75							
Dermatology		1,063	1,247.80	682.20	1,930.00	1.82	Nurse Anesthetists		68.53							
Gastroenterology		15,827	18,587.89	5,343.26	23,941.15	1.51	Director of Nurses		111.10							
General Surgery		18,539	16,017.97	9,945.69	25,963.68	1.40	Registered Nurses		1,512.46							
Laser Eye Surgery		3,129	802.27	294.26	1,086.53	0.35	Certified Aides		140.72							
Neurological		1,510	1,483.03	1,116.13	2,599.16	1.72	Other Health Profs.		744.47							
OB/Gynecology		11,850	7,452.20	5,848.79	13,098.99	1.12	Other Non-Health Profs.		581.20							
Ophthalmology		89,642	40,960.54	25,960.32	66,950.86	0.75	TOTAL		3,454.53							
Oral/Maxillofacial		3,521	3,286.45	1,576.76	4,863.21	1.38	NUMBER OF PATIENTS BY AGE GROUP									
Orthopedic		77,381	105,381.97	42,455.21	147,837.18	1.91										
Otolaryngology		13,826	14,358.00	5,369.37	19,727.37	1.43	AGE	MALE	FEMALE	TOTAL						
Pain Management		36,668	9,311.89	13,119.45	22,431.34	0.61	0-14	8,600	4,654	11,254						
Plastic Surgery		10,378	43,242.87	10,570.21	53,813.08	5.19	15-44	34,386	52,440	86,828						
Podiatry		9,978	13,741.78	5,061.60	18,803.38	1.88	45-64	85,324	101,344	186,668						
Thoracic		24	21.00	8.00	29.00	1.21	65-74	60,587	73,982	134,569						
Urology		14,047	11,358.72	5,770.45	17,129.17	1.22	75+	38,287	48,230	82,517						
TOTAL		307,408	287,452.63	133,035.25	420,487.88	1.37	TOTAL	223,186	278,650	501,836						
PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR																
Surgery Area		Procedure Rooms	Total Surgeries	Surgery Time (Hours)	Prep/Clean-Up Time (Hours)	Total Surgery Time (Hours)	Average Case Time (Hours)									
Angiogram AV Fistula			76	38.00	44.00	82.00	1.08									
Angioplasty AV Fistu			183	137.00	153.00	290.00	1.58									
Cataract Extraction			3,316	718.45	553.00	1,271.45	0.38									
Cornea Surgery			33	16.50	4.00	20.50	0.62									
Dermatology (local a			537	268.50	268.50	537.00	1.00									
Electrophysiology			553	502.00	296.00	798.00	1.44									
ESRD Catheter, Fistu			612	308.00	306.00	612.00	1.00									
Gastro-Intestinal		91	144,561	54,909.75	27,409.30	82,319.05	0.57									
General Procedure Ro			1,291	437.50	767.50	1,205.00	0.93									
GI Room			327	156.80	109.00	265.80	0.81									
Glaucoma Surgery			32	21.00	4.50	25.50	0.80									
Induced abortion			4,184	347.00	694.00	1,041.00	0.25									
Interventional nephr			1,057	1,057.00	524.00	1,581.00	1.50									
IVF PROCEDURES			1,148	292.25	382.00	674.25	0.59									
Ketamine infusion th			13	38.25	3.25	41.50	3.18									
Laser Eye		12	7,232	1,208.85	855.63	2,064.48	0.29									
Mohs Surgery			1,588	794.00	794.00	1,588.00	1.00									
Multi-Laser Eye			324	108.00	81.00	189.00	0.58									
Multi-Pain			68	22.75	17.00	39.75	0.58									
Ophthalmology			6,053	2,333.00	1,210.50	3,543.50	0.59									
Pain Management		10	20,335	3,983.56	3,793.73	7,777.29	0.38									
Pediatric IVIG infus			189	804.00	47.25	851.25	4.50									
Permacatheter proced			83	83.00	63.00	146.00	1.76									
Plastic Surgery			110	73.50	11.00	84.50	0.77									
Plastic Surgery (loc			1,781	890.50	890.50	1,781.00	1.00									
Thrombectomy AV Fist			48	72.00	40.00	112.00	2.33									
Tonolomy			5	1.25	1.50	2.75	0.55									
Vascular surgery			524	1,310.00	524.00	1,834.00	3.50									
TOTALS		113	196,241	70,930.41	39,847.18	110,777.57	0.56									

Source: Ambulatory Surgical Treatment Center Questionnaire for 2021, Illinois Department of Public Health

4/22/2023

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

ASTC Facility Name	Distance from Proposed Project	Categories of Service
Elmhurst Outpatient Surgery Center, LLC 1200 S. York Road, Suite 1400 Elmhurst, IL 60126	1.3 miles	-Gastroenterology -General Surgery -Laser Eye Surgery -Neurological -Ophthalmology -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
OrthoTec Surgery Center, Inc. 340 West Butterfield Rd., Suite 1B Elmhurst, IL 60126	.2 miles	-Orthopedic -Podiatry
Loyola Surgery Center 1S224 Summit Ave., Suite 201 Oakbrook Terr., IL 60181	2.8 miles	-General Surgery -Neurological -Orthopedic -Otolaryngology -Pain Management -Podiatry
Rush Oak Brook Surgery Center 2011 York Road, Suite 3000 Oak Brook, IL 60523	2.8 miles	-Gastroenterology -General Surgery -Neurological -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry
The Oak Brook Surgical Centre, Inc. 2425 W. 22 <sup>nd</sup> St., Suite 101 Oak Brook, IL 60523	3.2 miles	-General Surgery -OB/Gynecology -Ophthalmology -Orthopedic -Pain Management -Plastic Surgery -Podiatry -Urology
Children's Outpatient Services at Westchester 2301 Enterprise Dr. Westchester, IL 60154	4.2 miles	-Dermatology -Gastroenterology -General Surgery -Neurological -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Urology

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

<b>ASTC Facility Name</b>	<b>Distance from Proposed Project</b>	<b>Categories of Service</b>
DMG Surgical Center, LLC 2725 Technology Dr. Lombard, IL 60148	4.2 miles	-General Surgery -OB/Gynecology -Ophthalmology -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
Loyola University ASC – Loyola Outpatient 2160 S. First Ave. Maywood, IL 60153	6.8 miles	-Gastroenterology -General Surgery -Neurological -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
Innovia Surgery Center, LLC 203 E. Irving Park Rd. Wood Dale, IL 60191	8.0 miles	-OB/Gynecology
Hinsdale Surgical Center 10 Salt Creek Ln. Hinsdale, IL 60521	5.2 miles	-Laser Eye Surgery -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
River Forest Surgery Center, LLC 7427 Lake St. River Forest, IL 60305	7.6 miles	-Laser Eye Surgery -Ophthalmology -Plastic Surgery
Chicago Prostate Center 815 Pasquinelli Dr. Westmont, IL 60559	6.0 miles	-Orthopedic -Podiatry
Salt Creek Surgery Center 520 N. Cass Ave. Westmont, IL 60559	5.6 miles	-Orthopedic -Pain Management -Podiatry
Chicago Vascular ASC, LLC 700 Pasquinelli Dr. Westmont, IL 60559	6.1 miles	-ESRD

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

<b>ASTC Facility Name</b>	<b>Distance from Proposed Project</b>	<b>Categories of Service</b>
Ambulatory Surgicenter of Downers Grove 4333 Main St. Downers Grove, IL 60515	6.9 miles	-OB/Gynecology -Urology
Midwest Center for Day Surgery 3811 Highland Ave. Downers Grove, IL 60515	6.3 miles	-Gastroenterology -Neurological -Ophthalmology -Otolaryngology -Pain Management -Plastic Surgery -Podiatry
Advanced Ambulatory Surgical Center, Inc. 2333 N. Harlem Ave. Chicago, IL 60707	10.0 miles	-Cardiovascular -Dermatology -Gastroenterology -General Surgery -Neurological -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Pain Management -Plastic Surgery -Podiatry -Thoracic -Urology
Elmwood Park Same Day Surgery Center 1614 N. Harlem Ave. Elmwood Park, IL 60707	9.2 miles	-Neurological -Orthopedic -Pain Management

The proposed addition of Podiatry and General Surgery services at Illinois Bone & Spine Institute (IBSI) is intended to improve access for residents and patients in the defined geographic service area. While there are multiple IDPH-licensed ambulatory surgical treatment centers (ASTCs) located within a 10-mile radius of the facility, several have not met the state's target utilization thresholds, and others present practical barriers to access for IBSI patients.

Based on current data, there are over **1.35 million residents** in the defined geographic service area. Yet only a limited number of ASTCs offer both Podiatry and General Surgery services. Of the facilities that do, many are either hospital-affiliated or structured as multi-specialty centers that primarily serve their own internal referral bases. For example, DMG Surgical Center in Lombard, while operating at or above the state's utilization benchmark, does not currently serve as a referral destination for IBSI patients. Hinsdale Surgical Center, one of the more proximate facilities, was at 83% utilization in 2023—already meeting the state's standard for a four-room surgical facility.

## **ATTACHMENT 25**

### **Non-Hospital Based Ambulatory Surgery Service Accessibility – 1110.235(c)(6)**

Other facilities—including Loyola Surgery Center, Rush Oak Brook Surgery Center, and The Oak Brook Surgical Centre—offer overlapping services but have operational models that emphasize in-network or institution-specific referrals. These centers are not currently engaged in partnerships with IBSI, and many of them maintain a broader specialty scope that does not align with the musculoskeletal focus of IBSI. Similarly, Elmhurst Outpatient Surgery Center and OrthoTec Surgery Center, while geographically close, are not currently destinations for IBSI patients and face similar utilization dynamics and referral limitations.

Importantly, while it is technically possible to perform podiatric and general surgery procedures in hospital settings, such settings are typically more resource-intensive and less cost-efficient for outpatient surgical care. National data and numerous peer-reviewed studies—as well as policy directives from the Centers for Medicare & Medicaid Services (CMS)—support the safety, efficiency, and cost-effectiveness of performing medically appropriate outpatient surgeries in ASTCs.

The referrals proposed in this application will, in fact, include patients who are currently being treated in hospital settings within the same geographic area. The availability of podiatry and general surgery services at IBSI will provide a lower-cost, high-quality alternative for these patients, with improved access, shorter wait times, and the ability to integrate surgical services directly into the existing orthopedic and spine care continuum.

Additionally, the request to add General Surgery is narrowly tailored. The intent is not to establish a broad-based general surgery program but to allow IBSI to perform specific procedures that are essential to supporting its musculoskeletal and spine service lines—such as anterior lumbar access and related procedures. This focused application of General Surgery services will not meaningfully affect area providers who specialize in comprehensive general surgical services.

In sum, the Applicant has carefully evaluated the service landscape and referral dynamics in the region. The proposed project is designed to fill a specific gap in care, enhance access for existing patients, and do so without adversely impacting other licensed providers in the area. A detailed matrix of licensed ASTCs and hospitals within the geographic service area, along with their approved categories of service, is included as part of this application for reference.



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

The proposed project seeks to add Podiatry and General Surgery as approved categories of service, enabling patients to access needed procedures within the defined geographic service area. This expansion will not result in unnecessary duplication of services, maldistribution of resources, or negatively impact existing area providers. According to the most recent U.S. Census data, the defined geographic service area encompasses a population of approximately 1,354,675 individuals. A detailed list of IDPH-licensed ASTCs and hospitals in the area, along with their approved categories of service, is included with this application.

As an existing multi-specialty ASTC focused on musculoskeletal care, Illinois Bone & Spine Institute (IBSI) is already serving a large and established patient population. The addition of Podiatry and General Surgery will allow for a more integrated approach to patient care and is expected to have minimal impact on area facilities where patients may have previously been referred. As detailed in the accompanying Service Accessibility section, only four other ASTCs in the service area offer similar services, and each presents distinct limitations in access—whether by affiliation, specialty scope, or lack of referral relationships.

The Applicant believes a full evaluation of local healthcare infrastructure must consider both quantitative data and real-world provider challenges. This project has been thoughtfully designed to preserve the balance of the local healthcare ecosystem while improving access to cost-effective care. Although area hospitals do have surgical capacity, numerous studies and actions by the Centers for Medicare and Medicaid Services (CMS) confirm that when medically appropriate, performing procedures in an outpatient ASTC setting leads to significantly lower costs and broader access for patients.

Finally, while the Applicant is requesting approval for General Surgery, the intent is not to establish a broad-based general surgery program but rather to support the existing orthopedic and spine service lines. Adding General Surgery capabilities will allow for related procedures—such as anterior lumbar access or hernia repairs tied to musculoskeletal injuries—to be performed on-site without fragmenting care. As such, the proposed project is not expected to divert meaningful volume from area general surgeons or full-service surgical facilities.



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

<b>ASTC Facility Name</b>	<b>Distance from Proposed Project</b>	<b>Categories of Service</b>
Elmhurst Outpatient Surgery Center, LLC 1200 S. York Road, Suite 1400 Elmhurst, IL 60126	1.3 miles	-Gastroenterology -General Surgery -Laser Eye Surgery -Neurological -Ophthalmology -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry Urology
OrthoTec Surgery Center, Inc. 340 West Butterfield Rd., Suite 1B Elmhurst, IL 60126	.2 miles	-Orthopedic -Podiatry
Loyola Surgery Center 1S224 Summit Ave., Suite 201 Oakbrook Terr., IL 60181	2.8 miles	-General Surgery -Neurological -Orthopedic -Otolaryngology -Pain Management -Podiatry
Rush Oak Brook Surgery Center 2011 York Road, Suite 3000 Oak Brook, IL 60523	2.8 miles	-Gastroenterology -General Surgery -Neurological -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry
The Oak Brook Surgical Centre, Inc. 2425 W. 22 <sup>nd</sup> St., Suite 101 Oak Brook, IL 60523	3.2 miles	-General Surgery -OB/Gynecology -Ophthalmology -Orthopedic -Pain Management -Plastic Surgery -Podiatry -Urology

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

Children's Outpatient Services at Westchester 2301 Enterprise Dr. Westchester, IL 60154	4.2 miles	-Dermatology -Gastroenterology -General Surgery -Neurological -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery Urology
DMG Surgical Center, LLC 2725 Technology Dr. Lombard, IL 60148	4.2 miles	-General Surgery -OB/Gynecology -Ophthalmology -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
Loyola University ASC – Loyola Outpatient 2160 S. First Ave. Maywood, IL 60153	6.8 miles	-Gastroenterology -General Surgery -Neurological -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology
Innovia Surgery Center, LLC 203 E. Irving Park Rd. Wood Dale, IL 60191	8.0 miles	-OB/Gynecology
Hinsdale Surgical Center 10 Salt Creek Ln. Hinsdale, IL 60521	5.2 miles	-Laser Eye Surgery -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Otolaryngology -Pain Management -Plastic Surgery -Podiatry -Urology

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

River Forest Surgery Center, LLC 7427 Lake St. River Forest, IL 60305	7.6 miles	-Laser Eye Surgery -Ophthalmology -Plastic Surgery
Chicago Prostate Center 815 Pasquinelli Dr. Westmont, IL 60559	6.0 miles	-Orthopedic -Podiatry
Salt Creek Surgery Center 520 N. Cass Ave. Westmont, IL 60559	5.6 miles	-Orthopedic -Pain Management -Podiatry
Chicago Vascular ASC, LLC 700 Pasquinelli Dr. Westmont, IL 60559	6.1 miles	-ESRD
Ambulatory Surgicenter of Downers Grove 4333 Main St. Downers Grove, IL 60515	6.9 miles	-OB/Gynecology -Urology
Midwest Center for Day Surgery 3811 Highland Ave. Downers Grove, IL 60515	6.3 miles	-Gastroenterology -Neurological -Ophthalmology -Otolaryngology -Pain Management -Plastic Surgery -Podiatry
Advanced Ambulatory Surgical Center, Inc. 2333 N. Harlem Ave. Chicago, IL 60707	10.0 miles	-Cardiovascular -Dermatology -Gastroenterology -General Surgery -Neurological -OB/Gynecology -Ophthalmology -Oral/Maxillofacial -Orthopedic -Pain Management -Plastic Surgery -Podiatry -Thoracic -Urology
Elmwood Park Same Day Surgery Center 1614 N. Harlem Ave. Elmwood Park, IL 60707	9.2 miles	-Neurological -Orthopedic -Pain Management
United Shockwave Services, Ltd. 120 N. LaGrange Rd. LaGrange, IL 60525	7.5 miles	-Urology

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

The facility's Medical Director is Neema Bayran, M.D., who is a surgeon and the existing Medical Director. The Applicant has not traditionally had any difficulties in staffing their existing facility nor do they anticipate difficulty in staffing the proposed ASTC. As needed, additional staff will be identified and employed, utilizing existing job search sites and professional placement services.

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

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

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



**Illinois Bone & Spine Institute**  
300 W. Butterfield Rd Ste. 105  
Elmhurst, IL 60126  
630.474.3735

March 14, 2025

**John P. Kniery**  
**Illinois Health Facilities and Service Review Board**  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**Re: Illinois Bone & Spine Institute – Charge Commitment**

Dear Mr. Kniery,

As a representative of Illinois Back and Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute, I, Neema Bayran, MD, commit that the charge schedule included in this certification of need application, which is a non-exhaustive list of the procedures typically performed within the new podiatric and general surgery specialties, will not be increased, at a minimum, for the first two years after the addition of surgical specialties at the facility, unless a permit is first obtained pursuant to 77 Illinois Admin. Code Section 1130.310(a).

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

Sincerely,

**Neema Bayran, MD**  
**CEO**  
**Illinois Back and Neck Institute, PLLC d/b/a Illinois Back & Spine Institute**

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

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

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

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



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

<b>CPT Code</b>	<b>CPT Description</b>	<b>Proposed Fee Schedule</b>
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	1,000
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	1,000
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	1,000
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	1,000
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	1,000
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	1,000
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	1,000
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	1,000
12052	REPAIR INTERMEDIATE F/E/N/L&MUC 2.6-5.0 CM	1,000
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	1,183
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	1,000
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	4,526
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	1,824
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	4,528
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	1,000
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	1,000
13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXT SV/COMPLIC	4,818
14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	4,818
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	6,036
14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	9,776
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	3,176
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	11,315
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	3,176
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	3,176
14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	5,117
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	3,493
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	3,272
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	1,183
15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	2,789
15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	3,019
15100	SPLIT AGRFT T/A/L 1ST 100 CM/8/1% BDY INFT/CHLD	4,818
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %	5,117
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	3,725

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

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

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

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

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

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



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

<b>CPT Code</b>	<b>CPT Description</b>	<b>Proposed Fee Schedule</b>
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	12,862
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	3,281
23670	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX	12,862
23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ	4,232
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	4,142
23929	UNLISTED PROCEDURE SHOULDER	4,244
23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	4,313
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	3,936
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	7,246
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	5,649
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	3,396
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	6,211
24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	4,008
24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	3,451
24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	5,290
24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	7,246
24077	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	8,282
24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	6,211
24101	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	8,282
24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	8,282
24105	EXCISION OLECRANON BURSA	7,246
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	4,692
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	4,692
24130	EXCISION RADIAL HEAD	9,316
24140	PARTIAL EXCISION BONE HUMERUS	10,351
24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK	10,351
24147	PARTIAL EXCISION BONE OLECRANON PROCESS	10,351
24149	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	10,351
24155	RESECTION ELBOW JOINT ARTHRECTOMY	9,316
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	1,000
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	6,211
24300	MANIPULATION ELBOW UNDER ANESTHESIA	4,142
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	9,534

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

<b>CPT Code</b>	<b>CPT Description</b>	<b>Proposed Fee Schedule</b>
27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	12,862
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	1,666
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	3,329
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	13,317
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	27,265
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	27,742
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	9,534
27830	CLTX PROX TIBFIB JT DISLC W/O ANES	1,666
27831	CLTX PROX TIBFIB JT DISLC REQ ANES	4,375
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	9,534
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	1,666
27842	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	3,329
27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	9,534
27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	14,045
27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	4,375
27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	4,792
28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	5,824
28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	6,657
28005	INCISION BONE CORTEX FOOT	6,657
28008	FASCIOTOMY FOOT&/TOE	4,993
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	4,592
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRS/LTARS JT	5,824
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNG/L JT	5,824
28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	5,824
28030	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	5,824
28035	RELEASE TARSAL TUNNEL	6,657
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	3,451
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	3,382
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	4,511
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	5,824
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	6,657
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	3,451
28060	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	5,824

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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



Illinois Bone & Spine Institute  
300 W. Butterfield Rd Ste. 105  
Elmhurst, IL 60126  
630.474.3735

March 14, 2025

John P. Kniery  
Illinois Health Facilities and Service Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

**Re: Illinois Bone & Spine Institute – Assurances and Peer Review Program**

Dear Mr. Kniery,

As a representative of Illinois Back and Neck Institute, PLLC d/b/a Illinois Bone & Spine Institute, I, Neema Bayran, MD, 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. Furthermore, it is the Applicant's responsibility to full anticipation that, by the end of the second year, following the project completion that the proposed facility will operate at or in excess of utilization standards identified in 77 Illinois Admin. Code Section 1125.210(c).

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

Sincerely,

Neema Bayran, MD  
CEO  
Illinois Back and Neck Institute, PLLC d/b/a Illinois Back & Spine Institute

## **ATTACHMENT 34**

### **Availability of Funds**

**NOT APPLICABLE** – The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.



## **ATTACHMENT 35**

### **Availability of Funds**

**NOT APPLICABLE** – The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

## **ATTACHMENT 36**

### **Financial Viability**

**NOT APPLICABLE** – The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

## **ATTACHMENT 37**

### **Economic Feasibility**

**NOT APPLICABLE** – The proposed project is for the addition of the Podiatry and General Surgery categories of service to an existing ASTC. There is no construction of the existing facility contemplated as a result of this application and no associated project costs. Thus, this criterion is not applicable.

## ATTACHMENT 38

### Safety Net Impact Statement

The project is not expected to have a material negative impact on the essential safety net services in the community. The facility serves a diverse patient base that is diverse in racial make-up and economic status. Given that this facility is an existing facility and additional categories being sought are to compliment services already offered, the Applicant believes that the proposed project should not have any impact on the provider's ability to cross-subsidize safety net services.

Below is a breakdown by patient payor mix. The facility is currently contracted with United Healthcare, Aetna, and Cigna, including the Medicaid Managed care product from Aetna. The facility is in discussions to contract with BCBS (including their Medicaid Managed Care product) and Countycare.

#### Patient Base Payor Mix in 2022

Payor Name	% of Patients Treated at Facility
Private Insurance	50%
Worker's Compensation	23%
Medicare	23%
Medicaid MCO	3%
Charitable Care	1%

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	-
<b>Total</b>	-	-	-
Charity (cost in dollars)			
Inpatient	-	-	-
Outpatient	-	-	-
<b>Total</b>	-	-	-
MEDICAID			
Medicaid (# of patients)	2020	2021	2022
Inpatient	-	-	-
Outpatient	-	-	11
<b>Total</b>	-	-	11
Medicaid (revenue)			
Inpatient	-	-	-
Outpatient	-	-	\$154,294
<b>Total</b>	-	-	\$154,294

## ATTACHMENT 40

### Flood Plain Information



Illinois Bone & Spine Institute  
300 W. Butterfield Rd Ste. 105  
Elmhurst, IL 60126  
630.474.3735

March 14, 2025

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

**Re: Illinois Bone & Spine Institute- Flood Plain Requirements**

Dear Mr. Kniery:

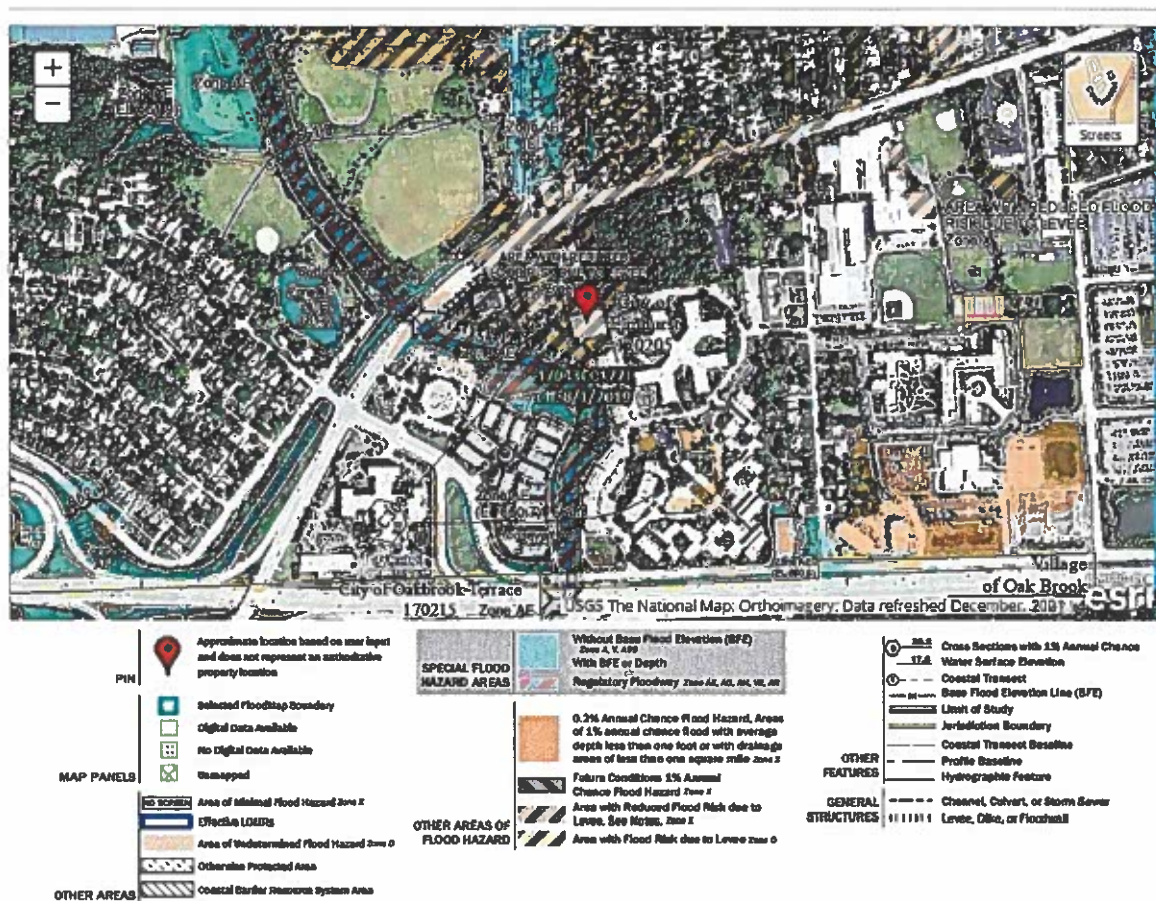
As representative of Illinois Back and Neck Institute, PLLC d/b/a Illinois Back & Spine Institute, I, Neema Bayran, M.D., affirm that our facility complies with Illinois Executive Order #2005-5. The facility location at 300 Butterfield Road, Elmhurst IL 60126 is not located in a flood plain, as evidence please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

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

Sincerely,

Neema Bayran, MD  
Chief Executive Officer  
Illinois Back and Neck Institute, PLLC d/b/a Illinois Back & Spine Institute

# ATTACHMENT 40 Flood Plain Information



## INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	23-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	30-31
6	Historic Preservation Act Requirements	32-33
7	Project and Sources of Funds Itemization	34
8	Financial Commitment Document if required	35
9	Cost Space Requirements	36
10	Discontinuation	N/A
11	Background of the Applicant	37-41
12	Purpose of the Project	42-44
13	Alternatives to the Project	45
14	Size of the Project	46
15	Project Service Utilization	47-50
16	Unfinished or Shell Space	51
17	Assurances for Unfinished/Shell Space	52
	<b>Service Specific:</b>	
19	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
20	Comprehensive Physical Rehabilitation	N/A
21	Acute Mental Illness	N/A
22	Open Heart Surgery	N/A
23	Cardiac Catheterization	N/A
24	In-Center Hemodialysis	N/A
25	Non-Hospital Based Ambulatory Surgery	53-122
26	Selected Organ Transplantation	N/A
27	Kidney Transplantation	N/A
28	Subacute Care Hospital Model	N/A
29	Community-Based Residential Rehabilitation Center	N/A
30	Long Term Acute Care Hospital	N/A
31	Clinical Service Areas Other than Categories of Service	N/A
32	Freestanding Emergency Center Medical Services	N/A
33	Birth Center	N/A
	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	123
35	Financial Waiver	124
36	Financial Viability	125
37	Economic Feasibility	126
38	Safety Net Impact Statement	127
39	Charity Care Information	N/A
40	Flood Plain Information	128-129