



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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<b>DOCKET NO:</b> H-04	<b>BOARD MEETING:</b> July 24, 2018	<b>PROJECT NO:</b> 17-073	<b>PROJECT COST:</b> Original: \$790,000
<b>FACILITY NAME:</b> Illinois Back & Neck Institute		<b>CITY:</b> Elmhurst	
<b>TYPE OF PROJECT:</b> Substantive			<b>HSA:</b> VII

**PROJECT DESCRIPTION:** The Applicant (Illinois Back & Neck Institute, LLC) is proposing to establish a limited-specialty ambulatory surgical treatment facility (ASTC) in Elmhurst at a cost of \$790,000. The project completion date as stated in the application is March 1, 2019.

## EXECUTIVE SUMMARY

### PROJECT DESCRIPTION:

- The Applicant (Illinois Back & Neck Institute, LLC) (“ILBN”) is proposing to establish a limited-specialty ambulatory surgical treatment facility at 360 West Butterfield Road, Suite 100, Elmhurst. The facility will be housed in 2,854 GSF of space, and contains one surgical suite. The project cost is \$790,000. The project completion date as stated in the application is June 30, 2019.
- Illinois Back & Neck Institute, LLC, was formed in 2013, and is owned by two practicing physicians licensed in the State of Illinois. Dr. Neema Bayran M.D. (95% ownership interest), and Dr. Intesar Hussain, M.D. (5% ownership interest).
- The proposed project is a substantive project subject to 77 IAC 1100 (Part 1110) and 77 IAC 1120 (Part 1120) review. A Safety Net Impact statement accompanied the application.

### WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project establishes a health care facility (ASTC) as defined by the Illinois Health Facilities Planning Act. (20 ILCS 3960/3)

### PURPOSE OF THE PROJECT:

➤ The Applicant stated:

*“The purpose of this project is to ensure that the residents of the community and the patients historically served by Drs. Bayran and Hussain will continue to have the access to the surgical procedures and treatments they need. The Center for Medicare and Medicaid Services (CMS) has made changes that have altered the reimbursement models available for the various procedures that ILBN performs. These changes in reimbursement models are driving physicians to perform these procedures in either a hospital or surgery center setting. The performance of the types of procedures done by ILBN when performed in an ASTC setting is substantially more cost effective than in hospitals and it allows for patients to work with familiar dedicated staff who are well-versed and trained in fields of orthopedic medicine and pain management. ILBN will operate the proposed ASTC in a manner that ensures the safety of its patients in a convenient and lower cost environment. By offering patients an affordable alternative to hospital-based surgical services, the result is often lower copayments for patients and less costly reimbursement by all payor types.”*

### PUBLIC HEARING/COMMENT:

- A public hearing was offered in regard to the proposed project, but no public hearing was requested. One letter of opposition and eight letters of support were received by the Board Staff in regard to the proposed project.

**The eight letters of support for the proposed project were from Dr. Sergey Neckrysh, M.D., and 7 patients of Dr. Bayran.** Dr. Neckrysh is one of the seven physicians that provided referral letters in support of the project.

**The letter of opposition for the proposed project was from Elmhurst Outpatient Surgery Center. The letter states:** *“Illinois Back & Neck Institute has not provided proper notification regarding this project to Health Service Area 7 healthcare facilities, and there are several concerns related to the project.*

- *Unclear Project Scope*
- *Lack of Comprehensive HSA-07 Region Assessment*
- *Outdated Support Reference Document*

*Elmhurst Outpatient Surgery Center has been serving the Elmhurst community and surrounding suburbs since 1999. There is no doubt that our future volume potential and operations will be negatively impacted by the proposed Illinois Back & Neck Institute project. A more prudent alternative to building a new ASTC in the area would be to utilize existing capacity within the market.”*

**SUMMARY:**

- The State Board Staff reviewed the application for permit and additional information provided by the Applicant and note the following:
- The proposed project is a request by the Applicant for the State Board to determine the need to establish a licensed ASTC. The Illinois Department of Public Health defines an ambulatory surgery center as “*Any institution or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures, and any place that meets and complies with the definition of an ambulatory surgical treatment center under the Act and this Part, as evidenced by use of the facilities by physicians, podiatrists or dentists in the performance of surgical procedures that constitutes more than 50 percent of the activities at that location (77 IAC 205.110).*”

**Reviewer Note:** While the Illinois Department of Public Health (IDPH) defines what constitutes a licensed surgical center the Department does not determine the need for an ASTC. The Illinois Health Facilities and Services Review Board determines the need for an ASTC. Should the State Board approve this project, the Applicant will then petition IDPH to license the approved ASTC.

- There are 58 ASTCs within 45 minutes of the proposed facility. Of these 58 facilities 37 are multi-specialty ASTC’s. Four of these 37 facilities are new facilities and are not yet operational and four are at target occupancy. Twenty-nine of these facilities were not at target occupancy (1,500 hours per operating room/procedure room) for 2016. Of the 33 facilities currently operating all but two performed the surgical specialties (orthopedic and pain management) proposed by this Application for Permit.

The Applicant addressed a total of twenty-two (22) criteria and was not compliant with the following:

<b>Criteria</b>	<b>Reasons for Non-Compliance</b>
77 IAC 1110.1540(g) - Service Accessibility	There is unused surgical capacity at both hospitals and ASTCs in the proposed geographical service area that would be able to absorb the workload of the proposed facility. (See Table Six at the end of this report)
77 IAC 1110.1540(h)(1) – Unnecessary Duplication of Service/Maldistribution/Impact on Other Facilities	There are fifty (50) hospitals within forty-five (45) minutes of the proposed project, twenty-one (21/42%) are not at target occupancy. Of the fifty-eight (58) operating ASTCs within forty-five (45) minutes sixteen (16/27.6%) are not at target occupancy. (See Table Six at the end of this report)
77IAC 1120.130 Financial Viability	The Applicant did not supply projected financial viability ratios, or audited financial statements, to determine their ability to fund the project in its entirety. A negative finding results.
77IAC 1120140(c) – Reasonableness of Project Costs	The Applicant has exceeded the State Board standard for the contingencies (\$7,500) criterion by \$12,500.

**Illinois Back & Neck Institute  
STATE BOARD STAFF REPORT  
Project #17-073**

<b>APPLICATION CHRONOLOGY</b>	
Applicant	Illinois Back & Neck Institute, LLC (ILBN)
Facility Name	Illinois Back & Neck Institute
Location	360 West Butterfield Road, Suite 100, Elmhurst
Permit Holder	Illinois Back & Neck Institute, LLC
Operating Entity/Licensee	Illinois Back & Neck Institute, LLC
Owner of Site	360 Butterfield, LLC
Gross Square Feet	2,854 GSF
Application Received	December 12, 2017
Application Deemed Complete	December 20, 2017
Financial Commitment Date	Upon Permit Issuance
Anticipated Completion Date	June 30, 2019
Review Period Ends	April 19, 2018
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

**I. Project Description**

The Applicant (Illinois Back & Neck Institute, LLC (ILBN)) is proposing to establish a limited-specialty ambulatory surgical treatment facility at a cost of \$790,000, located at 360 West Butterfield Road, Suite 100, Elmhurst. The project completion date is March 1, 2019.

**II. Summary of Findings**

- A. The State Board Staff finds the proposed project is **not** in conformance with all relevant provisions of Part 1110.
- B. The State Board Staff finds the proposed project is **not** in conformance with all relevant provisions of Part 1120.

**III. General Information**

The Applicant is Illinois Back & Neck Institute, LLC (ILBN). The proposed project will establish a limited-specialty ASTC in Elmhurst, providing orthopedic surgery and pain management services. The 2,854 GSF facility will have one operating room. ILBN LLC is a physician-owned limited liability company, founded in October 2013. The physician-owners are Dr. Neema Bayran M.D. (95% ownership interest), and Dr. Intesar Hussain, M.D. (5% ownership interest).

**IV. Health Service Area/Health Planning Area**

The proposed ASTC will be located in DuPage County in Health Service Area 07. HSA-07 includes DuPage and suburban Cook County. There are fifty-two (52) Ambulatory Surgical Treatment Centers in HSA-07, containing 167 operating rooms.

**V. Project Description**

ILBN proposes to establish a limited-specialty ASTC in Elmhurst that specializes in orthopedic surgery and pain management procedures. The Applicant facility is currently a physician's office, and the applicant's wishes to license the facility as an ASTC. The Applicant is currently providing services at the proposed site, and in the group's other physician's office, located at 830 N. Ashland, Chicago. The proposed 2,854 GSF facility is located at 360 West Butterfield Road, Suite 100, Elmhurst, and contains one surgery suite.

**VI. Project Costs**

The Applicant is proposing to fund the project with a combination of cash in the amount of \$308,000, and the fair market value (FMV) of leases totaling \$482,000. The estimated start-up costs for this project are \$150,000.

<b>Table Three</b>			
<b>Project Uses and Sources of Funds</b>			
<b>Use of Funds</b>	<b>Reviewable</b>	<b>Non Reviewable</b>	<b>Total</b>
Modernization Contracts	\$50,000	\$50,000	\$100,000
Contingencies	\$20,000	\$8,000	\$28,000
Architectural/engineering	\$10,000	\$5,000	\$15,000
Consulting and Other	\$0	\$60,000	\$60,000
Moveable or Other Equipment	\$100,000	\$5,000	\$105,000
Fair Market Value of Leased Space/Equipment	\$362,000	\$120,000	\$482,000
<b>Total Use of Funds</b>	<b>\$542,000</b>	<b>\$248,000</b>	<b>\$790,000</b>
<b>Sources of Funds</b>			
Cash and Securities	\$180,000	\$128,000	\$308,000
FMV of Leases	\$362,000	\$120,000	\$482,000
<b>Total Source of Funds</b>	<b>\$542,000</b>	<b>\$248,000</b>	<b>\$790,000</b>
Source: Application for Permit Page 7			

**VII. Purpose of the Project, Safety Net Impact Statement, Alternatives**

**A) Criterion 1110.230(a) – Purpose of the Project**

**The Applicant is asked to:**

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 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 information provided as 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.

**The Applicant stated the following:**

*“The purpose of this project is to ensure that the residents of the community and the patients historically served by Drs. Bayran and Hussain will continue to have the access to the surgical procedures and treatments they need. The Center for Medicare and Medicaid Services (CMS) has made changes that have altered the reimbursement models available for the various procedures that ILBN performs. These changes in reimbursement models are driving physicians to perform these procedures in either a hospital or surgery center setting. The performance of the types of procedures done by ILBN when performed in an ASTC setting is substantially more cost effective than in hospitals and it allows for patients to work with familiar dedicated staff who are well-versed and trained in fields of orthopedic medicine and pain management. ILBN will operate the proposed ASTC in a manner that ensures the safety of its patients in a convenient and lower cost environment. By offering patients an affordable alternative to hospital-based surgical services, the result is often lower copayments for patients and less costly reimbursement by all payor types.”*

**B) Criterion 1110.230(b) – Safety Net Impact Statement**

**The Applicant is asked to document:**

1. **The project's material impact, if any, on essential safety net services 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.**

**The Applicant stated the following:**

The project will have no impact on safety net services. The Applicant attests that the proposed ASTC will give better access to health care, by providing another surgery center option in a convenient, accessible location. The Applicant will enroll in the Medicaid program and establish an active charity care program, adding to a list of qualified providers to treat this population. Lastly, the proposed ASTC will not provide any services that will harm or impede federally qualified health centers in the region. The Applicant notes having failed to record its historical charity care services and notes having served 41 Medicaid patients and 7 charity care patients in 2017.

**C) Criterion 1110.230(c) Alternatives to the Project**

**To demonstrate compliance with this criterion the Applicant must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.**

The Applicant considered four alternatives in total.

**1. Take No Action (Do Nothing)**

The Applicant rejected this option, because ILBN has hundreds of patients relying on the facility in an effort to maintain a sustainable quality of life. The Applicant acknowledges the existence of hospital surgical suites in the planning area, but notes this is no longer a feasible model in terms of financial practicality. The Applicant identified no project costs with this option.

## **2. Utilize Hospital Surgical Suites**

While this project is optimum for infection control and the management of complications, it is financially impractical. Today's reimbursement rate makes hospital-based surgery services infeasible, and the new patient care models support the movement of surgical procedures to an outpatient setting, when applicable. This is the sole reason for the applicant's rejection of this alternative. There were no project costs identified with this alternative.

## **3. Rely on Available Capacity at Existing Surgery Centers**

The applicant's facility is an established entity in Elmhurst, and has been a familiar place to seek surgical services. The applicants note their facility is one of 14 in the immediate area, and in the minority when considering the services it intends to provide. For the proposed care model to work, Drs. Bayran, and Hussain would have to utilize procedure rooms at other facilities that likely have lower reimbursement rates than other procedures the other facilities would normally perform. Further, it would result in accessibility issues for both patients and the doctors of ILBN. The doctors and patients would have to leave the medical office to travel to an ASTC willing to provide access. Based on these findings, this alternative was rejected. There were no costs identified with this option.

## **4. Acquire an Existing ASTC**

The Applicant states the option of purchasing another ASTC was considered, but rejected, due to the limited number of existing ASTCs in the planning area, and none having the physical capacity to accommodate Drs. Bayran and Husain's medical practices. Any facilities purchased would have to undergo substantial modernization and expansion, resulting in a project cost in excess of the project proposed. This and the fact that any newly acquired facility would place their patient base in unfamiliar surroundings, resulting in potential access issues. The applicants identified no costs with this option..

## **VIII. Size of the Project, Projected Utilization of the Project, Assurances**

### **A) Criterion 1110.234(a) – Size of the Project**

**To document compliance with this criterion the Applicant must document that the proposed surgical rooms and recovery stations meet the State Board GSF Standard's in Section 1110.Appendix B.**

The Applicant is proposing to utilize an existing procedure space, consisting of one procedure room, to meet specifications for an Ambulatory Surgery Treatment Center (ASTC) with 1,850 BGSF of clinical space. The State standard for ASTC rooms is 1600-2,200DGSF per room, and it appears the Applicant has met the requirements of the criterion.

### **B) 1110.234(b) – Projected Utilization**

**To document compliance with this criterion the Applicant must document that the proposed surgical/procedure rooms will be at target utilization or 1,500 hours per operating/procedure room by the second year after project completion. Section**

## **1110.Appendix B**

The State Board Standard is 1,500 hours per operating room. The Applicant identified an average procedure time of 3 to 4 hours for orthopedic procedures, and 30-45 minutes for pain management (including prep and clean-up), which averages out to 2 hours per procedure and a total of 2,235 procedures by the second year of operation. These data (2,235 procedures x 2 hrs. = 4,470 hrs.) supports the need for 1 surgical/procedure room. The Applicant met the requirements of this criterion. (Application p. 161).

### **C) Criterion 1110.234(e) – Assurances**

**To document compliance with this criterion the Applicant must provide an attestation that the proposed project will be at target occupancy two years after project completion.**

The Applicant provided the necessary attestation as a supplemental attachment to the Application for Permit.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA SIZE OF THE PROJECT, PROJECTED UTILIZATION, AND ASSURANCES (77 IAC 1110.234(a), (b), and (e))**

## **IX. Establish an Ambulatory Surgical Treatment Center**

### **A) Criterion 1110.1540(b) (1) to (3) - Background of the Applicant**

**To demonstrate compliance with this criterion the Applicant must provide documentation of the following:**

- 1) Any adverse action taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed healthcare facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application or a certified listing of adverse action taken.
- 2) A listing of all health care facilities currently owned and/or operated by the Applicant in Illinois or elsewhere, including licensing, certification and accreditation identification numbers, as applicable;

Illinois Back & Neck Institute, LLC (ILBN) was formed in 2013, and is the sole Applicant and owner of Illinois Back & Neck Institute, Elmhurst. ILBN consists of 2 physician/owners (Dr. Bayran, M.D. 95%, and Dr. Hussain 5%). The Applicant supplied proof of their Certificates of Good Standing, and licensure/accreditation, which will occur should the project be approved. A letter was supplied, permitting the State Board and IDPH to verify any information contained in this application. [Source: Application for Permit pg. 113]

The applicants (Drs. Bayran and Hussain) and five other practicing physicians submitted referral letters on behalf of ILBN agreeing to the referral of approximately 2,235 (see Table Four) procedures to the proposed ASTC, in the first two years following project completion. (Application, pgs. 164-171)

A copy of the term sheet for the building lease between ILBN and 360 Butterfield, LLC was provided as a supplemental attachment as evidence of site ownership.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION BACKGROUND OF THE APPLICANT (77 IAC 1110.1540(b)(1) to (3))**

**B) Criterion 1110.1540(c)(2)(A) and (B) – Service to GSA Residents**

**To demonstrate compliance with this criterion the Applicant must provide a list of zip codes that comprise the geographic service area. The Applicant must also provide patient origin information by zip code for the prior 12 months. This information must verify that at least 50% of the facility’s admissions were residents of the geographic service area.**

1. By rule the Applicant is to identify all zip codes within the geographical service area (45 minutes) of the proposed ASTC. The Applicant provided this information on page 114 of the application for permit. The Applicant also provided a list of vascular access procedures, and the estimated time for each (application, p. 88).

Based upon the information provided in the application for permit and summarized above it appears that the proposed ASTC will provide services to the residents of the forty-five (45) minute geographic service area.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION GEOGRAPHIC SERVICE AREA NEED (77 IAC 1110.1540(c)(2)(A) and (B))**

**C) Criterion 1110.1540(d) (1) and (2) - Service Demand – Establishment of an ASTC Facility**

**To demonstrate compliance with this criterion the Applicant must provide physician referral letters that attest to the total number of treatments for each ASTC service that was referred to an existing IDPH-licensed ASTC or hospital located in the GSA during the 12-month period prior to the application. The referral letter must contain:**

1. Patient origin by zip code of residence;
2. Name and specialty of referring physician;
3. Name and location of the recipient hospital or ASTC; and
4. Number of referrals to other facilities for each proposed ASTC service for each of the latest two years;
5. Estimated number of referrals to the proposed ASTC within 24 months after project completion
6. Physician notarized signature signed and dated; and
7. An attestation that the patient referrals have not been used to support another pending or approved CON application for the subject services.

<b>TABLE FOUR</b>			
<b>Historic/Projected Referrals</b>			
<b>Physician</b>	<b>Specialties</b>	<b>Historic Referrals</b>	<b>Projected Referrals</b>
Dr. Ginno Lias M.D.	Orthopedics	200	60
Dr. Greg Markarian M.D.	Orthopedics	198	60
Dr. Sean Salehi M.D.	Neurosurgery	125	20
Dr. Sergey Neckrysh M.D.	Neurosurgery	42	45
Dr. Anis Mekhail M.D.	Orthopedics/Spine	122	50
Dr. Intesar Hussain M.D.*	Pain Management	2,240	1,000
Dr. Neema Bayran M.D.*	Pain Management	2,220	1,000
<b>TOTAL</b>		5,147	2,235
*Owners Application, pgs 164-171			

**By rule the referrals to a proposed ASTC must be from IDPH licensed ASTC or hospitals.** The Applicant submitted seven referral letters attesting to the historical patient referrals for 5,147 orthopedic/pain management procedures in the past year, and the approximate referral of patients for 2,235 procedures to the ASTC, by the second year after project completion. These referrals appear to be from IDPH-licensed ASTCs or hospitals in the proposed GSA. The Applicant has met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS CONFORMANCE WITH CRITERION SERVICE DEMAND (77 IAC 1110.1540(d) (1) and (2))**

**D) Criterion 1110.1540(f)(1) and (2) - Treatment Room Need Assessment**

**To document compliance with this criterion the Applicant must provide the projected patient volume or hours to justify the number of operating rooms being requested. The Applicant must document the average treatment time per procedure.**

1. Based upon the State Board Staff's review of the referral letters, the Applicant can justify 4,470 hours (2,235 treatments x 2 hrs), in the first year after project completion. This number of operating/procedure hours will justify the one (1) operating/procedure room being requested by the applicant.
2. The Applicant supplied an estimated time per procedure (application, p. 161), which includes prep/clean-up. This time was gathered from historical access procedures performed at Vascular Access Illinois ASC in the past 12 months (2016). The average time per procedure was 120 minutes (2 hours).

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION TREATMENT ROOM NEED ASSESSMENT (77 IAC 1110.1540(f)(1) and (2))**

**E) Criterion 1110.1540(g) - Service Accessibility**

**To document compliance with this criterion the Applicant must document that the proposed ASTC services being established is necessary to improve access for residents of the GSA by documenting one of the following:**

1. There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project;
2. The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100;
3. The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA or that existing underutilized services in the GSA have restrictive admission policies;
4. The proposed project is a cooperative venture sponsored by two or more persons, at least one of which operates an existing hospital. Documentation shall provide evidence that:
  - A) The existing hospital is currently providing outpatient services to the population of the subject GSA;
  - B) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100;
  - C) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and
  - D) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

1. There are existing ASTCs/Hospitals in the identified GSA that are under-utilized. [See Table Six at the end of this report.]
2. The proposed surgical services are available in the GSA. However, the Applicant notes the proposed ASTC will enhance access to surgical services by making outpatient surgical care more available to Medicaid beneficiaries and other low income individuals in an area close to their residence. The Applicant notes that of the six closest ASTCs to the Applicant facility, only two accept Medicaid.
3. The State Board Staff does not consider the proposed project a cooperative venture with one of the persons operating an existing hospital.

Table Six shows that there are existing ASTCs and hospitals in the service area with surgical services functioning beneath the State Board standard. The Applicant has not met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT NOT IN CONFORMANCE WITH CRITERION SERVICE ACCESSIBILITY (77 IAC 1110.1540(g))**

**F) Criterion 1110.1540(h)(1), (2), and (3) - Unnecessary Duplication/Mal-distribution/Impact on Other Providers**

1. To demonstrate compliance with this criterion the Applicant must provide a list of all licensed hospitals and ASTCs within the proposed GSA and their historical utilization (within the 12-month period prior to application submission) for the existing surgical/treatment rooms.
- 2) To demonstrate compliance with this criterion the Applicant must document the ratio of surgical/treatment rooms to the population within the proposed GSA that exceeds one and one half-times the State average.
- 3) To demonstrate compliance with this criterion the Applicant must document that, within 24 months after project completion, the proposed project:
  - A) Will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and
  - B) Will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

**The Applicant stated the following to address this criterion:**

The applicant identified a general service area (GSA) extending 45 minutes in all directions from the site of the proposed ASTC. This GSA includes 251 zip codes both inside and outside of Cook and DuPage counties, and the 2015 population estimates for this GSA is 7,480,710, per Nielsen Pop-Facts.

There are a total of fifty (50) hospitals and sixty-four (64) ASTCs in the identified 45-minute service area. [See Table Six at the end of this report].

**1. Unnecessary Duplication of Service**

**1. Single/Limited/Multi-Specialty ASTCs**

There are fifty-eight (58) single/limited/multi-specialty ASTCs within forty-five minutes, thirteen (16/27.6%) are at target occupancy. Twenty-nine (29/49.2%) of the fifty-eight (58) ASTCs did not provide Medicaid services in CY 2016. **Reviewer Note:** Multi-specialty ASTCs were able to add a specialty without approval of the State Board until January 2018. One limited-specialty ASTC being established will provide vascular access services exclusively. DuPage Vascular Care, Woodridge (Project #17-018), was approved at the September 26, 2017 IHFSRB meeting, with a scheduled completion date of December 1, 2018.

## 2. Hospitals

There are fifty (50) hospitals within the proposed 45-minute GSA, twenty-nine (29/58%) of the hospitals are at the target occupancy of 1,500 hours for surgery and/or procedure room services.

### 2. Mal-Distribution

The proposed surgical services are available in the GSA. However, the Applicant notes the proposed ASTC will enhance access to surgical services by making outpatient surgical care more available to Medicaid beneficiaries and other low income individuals in an area close to their residence. The Applicant notes that of the six closest ASTCs to the Applicant facility, only two accept Medicaid. State Board staff identified a significant number of hospitals and ASTCs that could be classified as underperforming (see Table Six). Based on these findings, maldistribution does exist in the service area.

**Reviewer Note:** A surplus is defined as the ratio of operating/procedure rooms to the population within the forty-five (45) minute GSA [GSA Ratio], to the State of Illinois ratio that is 1.5 times the GSA ratio.]

### 3. Impact on Other Facilities

The Applicant stated that no other provider within the forty-five (45) minute service area will be impacted because the proposed project calls for the licensing of an existing physicians practice with an existing patient base. Performance of the mentioned procedures in an ASTC setting is more cost-effective than hospitals, and will serve an existing population that is familiar and comfortable with Dr. Hussain and Dr. Bayran. The proposed project will not negatively impact area facilities.

The Applicant has not met this requirement because there are number of existing ASTCs and hospitals currently underutilized in the proposed GSA.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION UNNECESSARY DUPLICATION OF SERVICE, MALDISTRIBUTION/ IMPACT ON OTHER FACILITIES (77 IAC 1110.1540(h)(1), (2), and (3))**

#### G) **Criterion 1110.1540(i) - Staffing**

**To demonstrate compliance with this criterion, the Applicant must provide documentation that relevant clinical and professional staffing needs will be met and a medical director will be selected that is board certified.**

To address this criterion the Applicant provided curriculum vitae of both Drs. Neckrysh and Bayran (application pgs. 176-182), and attest that staff

recruitment will be conducted in accordance with federal and state law, regulations, and policies. Based upon the information provided in the application for permit, it appears that the proposed ASTC will be properly staffed.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION STAFFING (77 IAC 1110.1540(i))**

**H) Criterion 1110.1540 (j) - Charge Commitment**

**To document compliance with this criterion the Applicant must provide the following:**

- 1) A statement of all charges, except for any professional fee (physician charge); and
- 2) A commitment that these charges will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicant supplied a statement of charges (supplemental attachment) with attestation that the identified charges will not increase for at least the first two years in operation as an ASTC. [See Table Seven at the end of this report]

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION CHARGE COMMITMENT (77 IAC 1110.1540(j))**

**I) Criterion 1110.1540 (k) - Assurances**

**To demonstrate compliance with this criterion the Applicant must attest that a peer review program will be implemented and the proposed ASTC will be at target occupancy two years after project completion.**

The Applicant provided attestation (see project file) that the Illinois Back & Neck Institute ASC will implement a peer review program to maintain quality patient care standards, and meet or exceed the utilization standards specified in 77 IAC 1100, by the second year of operation.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.1540 (k))**

**X. FINANCIAL VIABILITY**

**The purpose of the Illinois Health Facilities Act** “*This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; and (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs.*” [20 ILCS 3960]

**A) Criterion 1120.120 - Availability of Funds**

**B) Criterion 1120.130 - Financial Viability**

**To demonstrate compliance with this criterion the Applicant must provide evidence that sufficient resources are available to fund the project.**

The Applicants funding this project with a combination of cash/securities in the amount of \$308,000, and leases with a fair market value totaling \$482,000.

The Applicant supplied a certified attestation that the cash portion of the project will emanate from the sale/purchase of limited units in the applicant’s limited liability company. The applicants also supplied a copy of the Intent to Lease contingent upon CON approval, which outlines a 7-8 year lease term that expires November 30, 2025. It appears that the Applicant have met the requirements of this criterion.

The Applicant did not supply financial viability ratios, and there were audited financial statements furnished in the application. A negative finding results for this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS AND FINANCIAL VIABILITY (77 IAC 1120.120 and 77 IAC 1120.130)**

## **XI. ECONOMIC FEASIBILITY**

### **A) Criterion 1120.140(a) - Reasonableness of Financing Arrangements**

### **B) Criterion 1120.140(b) - Terms of Debt Financing**

The Applicant is funding this project with a combination of cash/securities in the amount of \$308,000 and the fair market value of the lease totaling \$482,000. The Applicant provided documentation proving financing for the proposed project comes from internal sources, and that sufficient financial viability exists to fund the project in its entirety. Therefore, these criteria have been met.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS TERMS OF DEBT FINANCING (77 IAC 1120.140(a) & (b))**

### **C) Criterion 1120.140(c) - Reasonableness of Project Costs**

The State Board staff applied the reported clinical costs against the applicable State Board standards.

**Modernization and Contingencies** – These costs total \$70,000 or \$37.84 GSF. (\$70,000/1,850=\$37.84). This appears reasonable when compared to the State Board Standard of \$281.00/GSF (2019 mid-point of construction).

**Contingencies** – These costs total \$20,000, and are 40% of modernization costs of \$50,000. This appears **high** when compared to the State Board Standard of 10% - 15%.

**Architectural and Engineering Fees** – These costs total \$10,000 and are 14.3% of modernization and contingencies of \$70,000. These costs appear reasonable when compared to the State Board Standard of 10.76% - 16.16%.

**Moveable or Other Equipment** – These costs total \$100,000 for one surgical suite. These costs appear reasonable when compared to the State Board Standard of \$489,745 per room (2019 standard).

**Fair Market Value of Lease Space/Equipment** – These cost total \$362,000. The State Board does not have a standard for these costs.

The Applicant has exceeded the State Board standard for the contingencies criterion by \$12,500. The Applicant has not met the requirements of this criterion.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1120.140(c))**

### **D) Criterion 1120.140(d) Projected Operating Costs**

**To determine compliance with this criterion the Applicant must provide**

**documentation of the projected operating costs per procedure.**

The Applicant provided the necessary information as required. There are no projected operating costs for the first full year of operation. The State Board has no applicable standard for these costs.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 IAC 1120.140(d))**

**E) Criterion 1120.140(e) – Total Effect of the Project on Capital Costs  
To determine compliance with this criterion the Applicant must provide documentation of the projected capital costs per equivalent patient day.**

The Applicant provided the necessary information as required. There are no projected annual capital costs for the first full year of operation. The State Board has no applicable standard for these costs.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.140(e))**

TABLE SIX

Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
<b>Elmhurst Outpatient Surgery Ctr.</b>	Elmhurst	Multi	1	4/4	7,774	N	Y	N
<b>Elmhurst Foot &amp; Ankle</b>	Elmhurst	Single	1	1	252	Y	Y	Y
<b>Children’s Outpatient Svcs. Westchester</b>	Westchester	Multi	1	3	2,804	Y	N	N
<b>Rush Oak Brook Surgery Center</b>	Oak Brook	N/A	6	6	N/A	N/A	N/A	N/A
<b>Chicago Prostate Cancer Surgery Ctr.</b>	Westmont	Single	9	2	581	N	Y	N
<b>Eye Surgery Center Hinsdale</b>	Hinsdale	Limited	9	3	629	N	Y	N
<b>DMG Surgery Center</b>	Lombard	Multi	9	8	17,730	N	Y	Y
<b>Oak Brook Surgical Center</b>	Oak Brook	Multi	9	6	2,512	Y	Y	N
<b>Loyola Ambulatory Surgery Ctr.</b>	Villa Park	Multi	9	3	4,488	Y	Y	N
<b>Salt Creek Surgery Ctr.</b>	Westmont	Multi	10	4	3,031	N	Y	N
<b>Midwest Center for Day Surgery</b>	Downers Grove	Multi	11	5	3,589	Y	Y	N
<b>Ambulatory Surgicenter of Downers Grove</b>	Downers Grove	Single	12	3	1,065	N	N	N
<b>Naperville Fertility Center</b>	Naperville	Single	17	1	984	N	N	Y
<b>Advantage Health Care</b>	Wood Dale	Limited	17	2	1,676	N	N	Y
<b>Illinois Hand &amp; Upper Extremity</b>	Arlington	Single	17	1	1,161	N	N	Y
<b>United Urology Center La Grange</b>	La Grange	Single	17	1	2,258	Y	Y	Y
<b>Hinsdale Surgical Center</b>	Hinsdale	Multi	18	6	5,711	Y	Y	N
<b>The Center for Surgery</b>	Naperville	Multi	19	8	4,419	Y	Y	N
<b>Aiden Center for Day Surgery</b>	Addison	Multi	20	4	411	N	Y	N
<b>DuPage Eye Surgery Center</b>	Wheaton	Single	23	6	2,723	Y	Y	N
<b>DuPage Vascular Care</b>	Woodridge	Single	25	2	N/A	N/A	N/A	N/A
<b>Apollo Surgical Center</b>	Des Plaines	N/A	26	2	N/A	N/A	N/A	N/A
<b>Northwest Endoscopy Center</b>	Arlington	N/A	28	2	N/A	N/A	N/A	N/A

TABLE SIX

## Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
<b>Naperville Surgical Center</b>	Naperville	Multi	31	3	2,801	N	Y	N
<b>Schaumburg Surgery Center</b>	Schaumburg	N/A	31	2	N/A	N/A	N/A	N/A
<b>Northwest Surgicare Healthsouth</b>	Arlington	Multi	31	5	3,343	N	Y	N
<b>Western Diversey Surgical Center</b>	Chicago	Multi	31	2	1,359	N	N	N
<b>Presence Lake Shore Gastroenterology</b>	Des Plaines	Single	31	2	N/A	N/A	N/A	N/A
<b>South Loop Endoscopy &amp; Wellness</b>	Chicago	Single	32	2	1,616	Y	Y	Y
<b>Regenerative Surgery Center</b>	Des Plaines	Multi	32	3	988	Y	Y	N
<b>Advanced Ambulatory Surgical Center</b>	Chicago	Multi	32	3	1007	N	Y	N
<b>Hoffman Estates Surgery Center</b>	Hoffman Estates	Multi	32	6	4,747	N	Y	N
<b>Midwest Endoscopy Center</b>	Naperville	Single	32	2	5,610	N	Y	Y
<b>Golf Surgical Center</b>	Des Plaines	Multi	34	6	4,735	Y	Y	N
<b>Cadence Ambulatory Surgery Center</b>	Warrenville	Limited	32	4	4,254	Y	Y	N
<b>Chicago Surgical Clinic</b>	Arlington	Limited	35	3	110	N	N	N
<b>Belmont/Harlem Surgery Center</b>	Chicago	Multi	35	4	1,858	Y	Y	N
<b>Northwest Community Day Surgery</b>	Arlington	Multi	36	10	10,482	Y	Y	N
<b>River North Same Day Surgery</b>	Chicago	Multi	36	4	3,373	Y	Y	N
<b>Fullerton Kimball Medical &amp; Surgical Ctr.</b>	Chicago	Multi	36	4	2,116	N	Y	N
<b>Silver Cross Ambulatory Treatment Ctr.</b>	New Lenox	Multi	36	3	N/A	N/A	N/A	N/A
<b>Oak Lawn Endoscopy Center</b>	Oak Lawn	Single	38	2	5,929	Y	Y	Y
<b>Gold Coast Surgicenter</b>	Chicago	Multi	38	4	4,323	N	Y	N
<b>The Surgery Center at 900 N Michigan Ave.</b>	Chicago	Multi	39	7	8,166	N	Y	N
<b>Barrington Pain &amp; Spine Institute</b>	Barrington	Limited	40	3	1,238	Y	Y	N
<b>Palos Hills Surgery Center</b>	Palos Hills	Limited	40	2	2,055	Y	Y	Y

TABLE SIX

## Facilities in the 45 Minute Travel Radius of Proposed Facility

Facility	City	Type	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Met Standard?
ASTC								
<b>Forest Medical-Surgical Center</b>	Justice	Multi	40	4	783	N	Y	N
<b>Six Corners Same Day Surgery</b>	Chicago	Multi	41	4	N/A	N/A	N/A	N/A
<b>Elgin Gastroenterology Endoscopy Ctr.</b>	Elgin	Single	41	2	4,971	N	Y	Y
<b>Advocate Sherman ASTC</b>	Elgin	Multi	41	3	N/A	N/A	N/A	N/A
<b>Edward Plainfield Surgery Center</b>	Plainfield	Multi	41	4	2,777	N	Y	N
<b>DMG Pain Management Surgery Ctr.</b>	Naperville	Single	41	2	3,184	N	Y	Y
<b>Chicago Endoscopy Center</b>	Chicago	Multi	42	1	331	Y	Y	Y
<b>Fullerton Surgery Center</b>	Chicago	Multi	42	3	1,376	Y	Y	Y
<b>Albany Medical Surgical Center</b>	Chicago	N/A	42	2	N/A	N/A	N/A	N/A
<b>Novamed Surgery Center Chicago</b>	Chicago	Single	42	1	1,290	Y	Y	Y
<b>Advocate Condell Ambulatory Surgical</b>	Libertyville	N/A	42	2	N/A	N/A	N/A	N/A
<b>Ashton Center for Day Surgery</b>	Hoffman Estates	Multi	42	4	2,056	Y	Y	N
<b>Preferred Surgicenter, LLC</b>	Orland Park	Multi	43	5	582	N	Y	N
<b>Palos Surgicenter</b>	Palos Heights	Multi	44	5	6515	N	Y	Y
<b>Novamed Center for Reconstructive</b>	Oak Lawn	Multi	44	4	1,444	Y	Y	N
<b>Vernon Square Surgicenter</b>	Vernon Hills	Limited	44	2	1,411	N	Y	N
<b>Fox Valley Orthopedic Associates</b>	Geneva	Single	44	5	4,143	N	Y	N
<b>Peterson Medical Surgicenter</b>	Chicago	Multi	45	4	399	N	N	N

**TABLE SIX (continued)**  
**HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT**

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
<b>Advocate Good Samaritan Hospital</b>	Downers Grove	12	11/4	19,212/2,863	Y	Y	Y/N
<b>Adventist Hinsdale Hospital</b>	Hinsdale	12	12/5	18,913/4,364	Y	Y	Y/N
<b>Rush Oak Park Hospital</b>	Oak Park	14	9/3	7,265/1,683	Y	Y	N/N
<b>VHS West Suburban Hospital</b>	Oak Park	14	8/4	7,565/8,260	Y	Y	N/Y
<b>Adventist LaGrange Hospital</b>	LaGrange	15	11/4	12,630/2,673	Y	Y	N/N
<b>Elmhurst Memorial Hospital</b>	Elmhurst	16	15/5	27,157/7,593	Y	Y	Y/Y
<b>Loretto Hospital</b>	Chicago	16	5/1	700/121	Y	Y	N/Y
<b>Loyola University/Foster McGaw</b>	Maywood	16	27/6	58,660/16,680	Y	Y	Y/Y
<b>VHS Westlake Hospital</b>	Melrose Park	19	6/3	2,557/562	Y	Y	N/N
<b>Alexian Brothers Medical Ctr.</b>	Elk Grove Village	19	14/9	20,929/12,432	Y	Y	Y/Y
<b>Adventist Glen Oaks Med. Ctr.</b>	Glendale Heights	21	5/3	2,622/1,015	Y	Y	N/N
<b>Rush University Med. Ctr.</b>	Chicago	23	31/11	65,409/10,751	Y	Y	Y/N
<b>Mount Sinai Med. Ctr.</b>	Chicago	23	9/4	12,060/3,052	Y	Y	Y/N
<b>Loyola Health System Gottlieb</b>	Melrose Park	23	9/2	11,695/2,776	Y	Y	Y/Y

**TABLE SIX (continued)**  
**HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT**

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
<b>Shriner's Hospital for Children</b>	Elmwood Park	24	4	3,438	Y	Y	N
<b>St. Anthony Hospital</b>	Chicago	24	4/1	3,276/1,189	Y	Y	N/Y
<b>Stroger Hospital Cook Co.</b>	Chicago	24	20/8	35,421/11,938	Y	Y	Y/Y
<b>MacNeal Memorial Hospital</b>	Berwyn	24	12/6	21,479/4437	Y	Y	Y/N
<b>University of Illinois Hospital</b>	Chicago	25	20/7	44,327/6,768	Y	Y	Y/N
<b>Advocate Lutheran Hospital</b>	Park Ridge	26	26/9	43,560/10,594	Y	Y	Y/N
<b>Presence Holy Family Hospital</b>	Des Plaines	28	5/5	1,578/543	Y	Y	N/N
<b>Norwegian American Hospital</b>	Chicago	28	5/2	2,312/442	Y	Y	N/N
<b>Northwest Community Hospital</b>	Arlington Heights	28	14/9	19,218/12,025	Y	Y	N/Y
<b>Advocate Christ Hospital</b>	Oak Lawn	25	40/10	71,008/14,610	Y	Y	Y/Y
<b>Presence Mercy Med. Ctr.</b>	Aurora	30	12/2	4,432/1,132	Y	Y	N/N
<b>Palos Community Hospital</b>	Palos Heights	30	14/4	20,434/6,608	Y	Y	Y/Y
<b>Adventist Bolingbrook Hospital</b>	Bolingbrook	30	6/6	8,932/6,569	Y	Y	Y/N
<b>Edward Hospital</b>	Naperville	30	18/7	36,220/9,062	Y	Y	Y/Y
<b>St. Mary of Nazareth Hospital</b>	Chicago	31	8/5	9,004/4,470	Y	Y	N/N
<b>St. Elizabeth's Hospital</b>	Chicago	31	5/1	912/0	Y	Y	N/N

**TABLE SIX (continued)**  
**HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT**

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
<b>Central DuPage Hospital</b>	Winfield	31	26/6	41,173/8,495	Y	Y	Y/Y
<b>Presence Resurrection Med. Ctr.</b>	Chicago	32	13/4	11,029/4,111	Y	Y	N/N
<b>Glenbrook Hospital</b>	Glenview	32	9/7	13,103/15,735	Y	Y	Y/Y
<b>St. Alexius Med. Ctr.</b>	Hoffman Estates	33	11/9	17,418/10,790	Y	Y	Y/N
<b>Silver Cross Hospital</b>	New Lenox	34	11/6	23,449/7,011	Y	Y	Y/N
<b>Metrosouth Medical Ctr.</b>	Blue Island	35	10/5	6,520/4,244	Y	Y	N/N
<b>Ingalls Memorial Hospital</b>	Harvey	35	9/4	9,305/858	Y	Y	N/N
<b>Little Company of Mary</b>	Evergreen Park	35	9/7	7,610/4,254	Y	Y	N/N
<b>Rush Copley Mem. Hospital</b>	Aurora	37	11/5	19,212/3,794	Y	Y	Y/N
<b>Mercy Hospital &amp; Med. Ctr.</b>	Chicago	37	6/6	10,603/5,662	Y	Y	Y/N
<b>Advocate South Suburban</b>	Hazel Crest	39	9/2	12,497/3,947	Y	Y	Y/Y
<b>Presence Our Lady of Resurrection</b>	Chicago	39	13/4	11,029/4,111	Y	Y	N/N
<b>Northwestern Memorial Hospital</b>	Chicago	40	70/18	102,415/29,816	Y	Y	N/Y
<b>Sherman Hospital</b>	Elgin	40	16/2	27,796/1,500	Y	Y	N/Y
<b>St. Bernard Hospital</b>	Chicago	42	7/0	2,416/0	Y	Y	N
<b>LaRabida Hospital</b>	Chicago	43	0/0	0/0	Y	Y	N/N

**TABLE SIX (continued)**  
**HOSPITALS WITHIN 45-MINUTES OF PROPOSED PROJECT**

Facility	City	Time	OR/Procedure Rooms	Hours	Medicaid	Medicare	Utilization Met?
<b>Skokie Hospital</b>	Skokie	43	10/7	11,664/13,536	Y	Y	Y/N
<b>Lurie Children's Hospital</b>	Chicago	43	21/0	34,507/0	Y	Y	Y/N
<b>Provident Hospital Cook County</b>	Chicago	43	8/0	4,156/0	Y	Y	N/N
<b>Advocate Illinois Masonic</b>	Chicago	45	18/9	26,225/8,145	Y	Y	Y/N

Travel time determined using formula in 77IAC 1100.510 (d)  
Data taken from CY 2016 Hospital/ASTC Profiles  
NA – information not available

**TABLE SEVEN**  
**Charges for Procedures Performed at Proposed ASTC**

CPT Description	2017 CPT Code	Charge
Repair Rotator Cuff, Acut	23410	\$14,186.53
Repair Rotator Cuff, Chronic	23412	\$13,331.52
Release of Shoulder Ligament	23415	\$13,266.65
Repair of Shoulder	23420	\$16,569.00
Repair of Biceps Tendon	23430	\$7,145.85
Repair of Shoulder Capsule	23455	\$22,047.19
Treat Humerus Fracture	23630	\$24,114.74
Fixation of Shoulder	23700	\$5,958.67
Removal of Elbow Bursa	24105	\$11,342.25
Arm Tendon Lengthening	24305	\$8,524.12
Repair Arm Tendon/Muscle	24341	\$16,086.03
Repair of Ruptured Tendon	24342	\$20,643.10
Reconstruction Elbow Med. Ligament	24346	\$20,786.25
Repair Elbow w/ Deb Open	24348	\$20,786.25
Treat Humerus Fracture	24515	\$28,895.86
Treat Radius Fracture	24665	\$19,316.19
Incision of Tendon Sheath	25000	\$8,283.88
Removal Wrist Tendon Lesion	25111	\$9,285.91
Removal Wrist/Forearm Lesion	25115	\$8,553.99
Removal Wrist Bone	25210	\$10,455.98
Transplant of Forearm Tendon	25310	\$7,803.40
Repair Radius or Ulnar	25400	\$22,833.88
Repair Non-Union Carpal Bone	25431	\$13,912.68
Repair Wrist Joints	25447	\$12,564.61
Forearm of Wrist Surgery	25999	\$12,564.16
Treat FX Radial Extra-Artic	25607	\$17,848.09
Treat FX Radial 3+ Frag	25609	\$13,371.35
Incise Finger Tendon Sheath	26055	\$5,444.79
Repair Finger/Hand Tendon	26370	\$9,547.31
Repair Hand Joint	26540	\$10,050.19
Treat Metacarpal Fracture	26608	\$11,265.08
Treat Metacarpal Fracture	26615	\$15,818.41
Treat Finger Fracture Each	26765	\$9,776.35
Arthodesis; Interphalangeal Joint	26860	\$13,254.20
Amputation Metacarpal Bone	26910	\$13,285.32
Amputation of Finger/Thumb	26951	\$9,402.92
Amputation of Finger/Thumb	26952	\$10,055.17
Incision of Hip Tendon	27005	\$16,000.00
Exc Femur Lesion/Bursa	27062	\$12,447.60
Injection Procedure for Sacroiliac Joint	27096	\$1,692.87
Arthodesis, Sacroiliac Joint (Inc. Obtaining Graft)	27280	\$5,200
Exploration of Right Knee Joint	27310	\$13,111.06
Exc. Thigh/Knee Tum Deep-5cm	27328	\$12,172.51
Remove Knee Cyst	27347	\$9,121.60
Repair of Knee Cartilage	27403	\$10,305.37
Osteochondral Knee Autograft	27416	\$13,912.68
Lat Retinacular Release Open	27425	\$12,707.75
Reconstruct of Knee	27428	\$24,209.34
Arthrosc. Knee Condyle/Plateau Med/Lat Comp	27446	\$37,081.40
Fixation of Knee Joint	27570	\$9,251.15

Remove Lower Leg Bone Lesion	27635	\$10,731.08
Repair Achilles Tendon	27650	\$16,027.53
Repair of Leg Tendon Each	27658	\$10,656.39
Repair of Lower Leg Tendon	27675	\$10,773.40
Revision of Calf Tendon	27687	\$8,951.07
Incision of Tibia	27705	\$16,301.38
Treatment of Ankle Fracture	27814	\$20,921.93
Repair Lower Leg Joint	27829	\$11,448.06
Incision of Foot Fascia	28008	\$9,182.59
Exc. Foot/Toe Tum SC-1.5cm	28043	\$7,802.16
Partial Removal of Foot Fascia	28060	\$9,702.90
Removal of Foot Fascia	28062	\$10,760.95
Removal of Foot Lesion	28080	\$9,078.03
Removal of Foot Lesion	28090	\$9,379.27
Removal of Foot Lesion	28104	\$8,736.97
Part Removal of Metatarsal	28110	\$8,071.02
Removal of Heel Spur	28119	\$10,082.56
Removal of Foot Lesion	28250	\$6,552.42
Repair of Hammertoe	28285	\$5,214.61
Repair Hallux Rigidus	28289	\$12,380.38
Correction of Bunion	28296	\$10,606.11
Treat Heel Fracture	28415	\$25,081.91
Fusion of Big Toe Joint	28750	\$10,890.38
Fusion of Big Toe Joint	28755	\$10,021.56
Amputation, Foot; Transmetatarsal	28805	\$16,062.05
Amputation, Toe, Interphalangeal Joint	28825	\$8,470.24
Arthroscopy Shoulder, diagnostic	29805	\$9,097.95
Arthroscopy Shoulder, surgical, capsulorrhaphy	29806	\$15,390.21
Arthroscopy Shoulder, surgical repair of SLP lesion	29807	\$5,222.39
Arthroscopy Shoulder surgical with removal of loose	29819	\$10,961.36
Arthroscopy Shoulder, Synovectomy, partial	29820	\$11,636.02
Arthroscopy, shoulder	29821	\$10,516.98
Arthroscopy Shoulder, with debridement limited	29822	\$7,004.24
Arthroscopy Shoulder, with debridement extensive	29823	\$8,647.60
Shoulder Arthroscopy/Surgery	29824	\$7,298.80
Shoulder, Arthroscopy/Surgery	29826	\$8,656.63
Arthroscopy Rotator Cuff Repair	29827	\$10,15.64
Arthroscopy Bicep Tendonesis	29828	\$7,227.59
Elbow Arthroscopy/Surgery	29834	\$14,993.13
Elbow Arthroscopy debridement extensive	29838	\$13,635.10
Arthroscopy Wrist Synvectomy Partial	29844	\$12,249.68
Wrist Arthroscopy Surgery	29846	\$13,727.21
Arthroscopy Wrist Internal Fixation	29847	\$15,239.60
Carpal Tunnel Release Endoscopic	29848	\$9,565.22
Tibial Arthroscopy Surgery	29855	\$15,115.12
Hip Arthro with Debridement	29862	\$20,672.97
Allograft Implant Knee with Scope	29867	\$20,441.45
Arthroscopy Knee with Lateral Release	29873	\$6,001.56
Arthroscopy Knee Removal of Loose Body	29874	\$13,798.16
Arthroscopy Knee Synovectomy limited	29875	\$9,813.69
Arthroscopy Knee Synovectomy Major	29876	\$9,895.84
Knee Arthroscopy Surgery	29877	\$13,548.35
Knee Arthroplasty Diagnostic Synovial Biopsy	29870	\$11,825.22

Knee Arthroscopy Abraison Arthro Multi Draining	29879	\$7,310.75
Knee Arthroscopy Surgery	29880	\$11,563.67
Knee Arthroscopy Surgery	29881	\$11,563.67
Arthroscopy Knee Meniscus Repair (med/lat)	29882	\$12,270.84
Arthroscopy Knee Meniscus Repair (med/lat)	29883	\$13,030.15
Arthroscopy of Knee Lysis of Adhesion	29884	\$13,804.39
Arthrosc. Ant. Cruciate Lig Reconst Incl Graft	29888	\$19,890.02
Arthrosc. Post Cruciate Lig. Reconst. Incl. Graft	29889	\$15,823.39
Knee Arthroscopy Surgery	29891	\$12,676.64
Arthroscopy Ankle Synovectomy partial	29895	\$11,099.52
Arthroscopy Ankle Debridement limited	29897	\$12,340.55
Arthroscopy Ankle Debridement extensive	29898	\$12,001.98
Arthroscopy Ankle with Ankle Arthrodesis	29899	\$23,057.93
Arthroscopy Metacarpoph joint with debridement	29901	\$9,643.16
Arthroscopy Subtalar with removal of foreign body	29904	\$9,643.16
Arthroscopy Subtalar with debridement	29906	\$9,643.16
Hip Arthro with Femoroplasty	29914	\$20,197.48
Injection, discogram lumbar, each level	62290	\$3,750.00
Injection, w/wo contrast epidural Cervical/Thoracic	62321	\$3,750.00
Injection w/wo contrast Epidural Lumbar	62323	\$3,750.00
Low Back Disc Surgery	63030	\$22,000.00
Laminectomy (hemil) with decomp of nerve part facetectomy /thoracic	63042	\$24,289.00
Lami/facetectomy/ and foraminotomy, single vert.level	63047	\$25,000.00
Lami/facetectomy/and foraminotomy, each add level	63048	\$25,000.00
Injection Nerve Block Brachian Plexus	64415	\$4,500.00
Injection Nerve Block Intercostal	64421	\$4,500.00
Injection Nerve Block Illioing/Illiohypho Nerve	64425	\$4,500.00
Injection Nerve Block Other Peripheral Nerve	64450	\$4,500.00
Injection Transforaminal Epidural Cerv/Thoracic	64479	\$4,500.00
Injection Transforaminal Epidural/Cervical Thor Add Level	64480	\$4,500.00
Injection Transformainal Epidural Lumbar Single Level	64483	\$4,500.00
Injection Transforaminal Epidural Add Level	64484	\$4,500.00
Injection RX Cervical Facet, JT Nerve Single	64490	\$4,500.00
Injection RX Cervical Facet JT Nerve Add Level	64491	\$4,500.00
Injection RX Cervical Facet JT Nerve Add Level	64492	\$4,500.00
Injection RX Lumbar Facet JT Nerve Single	64493	\$4,500.00
Injection RX Lumbar Facet JT Nerve Add Level	64494	\$4,500.00
Injection RX Lumbar Facet JT Nerve Add Level	64494	\$3,127.31
Revise Ulnar Nerve at Elbow	64718	\$10,033.13
Carpal Tunnel Surgery	64721	\$7,915.42
Injection Nerve Block Stellate Ganglion	64510	\$4,366.62
Injection Nerve Block Lumbar Sympathetic GGL Block	64520	\$2,553.72
Destruction Neurolytic cervical/thoracic, single level	64633	\$5,500.00
Destruction Neurolytic cervical/thoracic add level	64634	\$5,500.00
Destruction Neurolytic Lumbar Single level	64635	\$5,500.00
Destruction Neurolytic Lumbar Add Level	64636	\$5,500.00
Injection RX Other Peripheral Nerve	64640	\$4,500.00
Epidurography, Radiological S&I	72275	\$1,500.00
Discography Lumbar Spine	72295	\$5,555.67
Fluoroscopic Guidance Needle Placement	77002	\$1,500.00
Fluoroscopic Guidance Needle Localization Cath Spine DX Ther NJX	77003	\$1,500.00

<b>Ultrasound Guided Injection</b>	76942	\$2,500.00
<b>Spinal Cord Stimulation</b>	63685	\$45,000.00
<b>Spinal Cord Stimulation</b>	63650	\$45,000.00

# 17-073 Illinois Back & Neck Institute - Elmhurst

