

The Collaborative Surgery Center

Certificate of Need Application *Development of Ambulatory Surgery Center*

Docket Number GMCB-008-21con

July 30, 2021

Collaborative Surgery Center submits this Certificate of Need Application (the “Application”) to the Green Mountain Care Board (“GMCB”) in accordance with 18 V.S.A. § 9434(a)(1), (6) and GMCB Rule 4.302(1). The Application requests a Certificate of Need (“CON”) to open a multi-specialty ambulatory surgical center called the Collaborative Surgery Center in Colchester, Vermont (the “Project”).



Via Electronic Mail and Hand Delivery

July 30, 2021

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

Re: The Collaborative Surgery Center – Application for Certificate of Need for Out-Patient Ambulatory Surgical Center in Colchester, Vermont

Dear Ms. Jerry,

On behalf of The Collaborative Surgery Center, LLC (the “CSC”) and as a follow-up to the Letter of Intent filed on May 13, 2021, I am submitting the attached application for a Certificate of Need. As set forth in the application, the CSC seeks a Certificate of Need with expedited review to construct an un-restricted multi-specialty, outpatient surgery center in Colchester, Vermont (the “Project”). Please consider this cover letter as part of the CSC’s application.

The Project will consist of four operating suites and associated offices and rooms totaling approximately 9,016 square feet. The Project will use existing and already permitted infrastructure at 525 Hercules Drive. The Project is estimated to cost \$2.4 million to renovate a portion of the existing building for use as a surgery center. Total Project costs including lease payments over 10 years, medical equipment purchases, and other soft costs are estimated to be \$11.9 million. The CSC will be women and physician owned, and women-managed. It also has a unique and significant non-profit component. As part of the Project the CSC intends to create the “Collaborative Community Foundation.” One-half of the CSC’s profits will be donated to this foundation for distribution to healthcare initiatives.

The CSC presents this application for an outpatient surgery center to address the pressing need for more operating room space in Northern Vermont. For some time, the lack of operating room capacity has left many Vermonters underserved. Patients in this region have not had sufficient timely access to surgical care as a result. This capacity problem became even more acute after the University of Vermont Medical Center unfortunately had to close its Fanny Allen operating rooms due to air quality concerns. As a result, patients now face even longer wait times for surgical care. This increases the costs of healthcare and decreases patient satisfaction. It also harms surgical success as long wait times have a negative health impact.

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CSC's proposal quickly works to address and improve on the lack of capacity. The CSC will bring four state-of-the-art operating suites on-line within a year to 18 months of the Board's approval. In those four suites, the CSC will provide a broad-spectrum of surgical procedures. The CSC is seeking a Certificate of Need to provide all those procedures allowed to be performed at an ASC by Medicare (both as of today and as amended in the future) at the CSC. This flexibility to provide a broad range of services is vital given the changing nature of providers, surgical need and Medicare-allowed ASC procedures. The CSC initially will have four "core" surgical practices: orthopedic, ENT, urology, and dental. These are the four specialties that are in high demand in the community, appear to suffer the most from the lack of affordable operating capacity and are also the four specialties that make the project viable from a financial standpoint.

In addition, demonstrating CSC's commitment to collaborating to address short and long-term barriers to access, we are committed to providing opportunities (i.e. reserve surgical times) for hospital-employed surgeons to address pressing backlogs of surgical cases.

As an ambulatory surgery center, the CSC will be patient and provider friendly. Ambulatory surgery centers ("ASCs"), across the United States, and in Vermont, have demonstrated an ability to provide excellent care and consistently receive high patient and provider satisfaction scores. Further, ASCs provide this high-quality care surgical care at a lower cost in the majority of cases when compared to hospital-based procedures. ASCs also provide those costs in a more transparent manner as the costs for procedures are published for public viewing. As an ASC, the CSC expects to offer many of its surgical services at between 48% to 60% of hospital costs. The CSC is able to do this because of lower reimbursement rates, bundled fees, and operational efficiencies. Accordingly, the CSC will provide significant savings to Vermont patients, insurance carriers, and the State of Vermont under Vermont's All-Payer Model.

Perhaps the most immediate benefit of CSC's proposal is that it can be up and running quickly. As noted, the CSC is proposing to construct this facility at 525 Hercules Drive in Colchester. The building housing the CSC is already constructed and much of the necessary capital infrastructure is in place. Aside from this CON, little to no additional major permitting is required to bring the CSC on-line. As a result, the CSC can be fully functioning between a year and 18 months after its CON is approved. This presents a substantial benefit to Vermonters in need of surgical care options.

Because the need for additional operating room capacity is acute, and because the CSC can be operating in the near-term, the CSC seeks expedited approval of this application under 19 V.S.A. §9440(c)(5)(A) and Rule 4.304 of the Green Mountain Care Board Rules.

Rule 4.304 and Title 19 state that expedited review is appropriate if the application is likely to be uncontested and does not substantially alter services. A project does not "substantially alter services" if it does not raise "significant health care policy or planning concerns," and "the

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expenditures associated with the proposed project or action do not have a significant impact on the services provided, the cost of health care, or the financial strength of the applicant.”

The CSC qualifies for expedited review under these standards. The Project is unlikely to be contested. It is well recognized by significant members of the medical community that the region is suffering from a lack of operating room capacity. As such, it is unlikely any opposition exists to a project that helps to quickly improve operating capacity. The Project also does not “substantially alter services.” The applicant is a stand-alone company that is financed through private investment and debt financing. No other hospital or medical service provider is connected to this application and so no other service provider’s services would be significantly impacted. Nor would any service provider’s financial strength be affected. There are no significant health care policy or planning concerns as ASCs are a standard and accepted way of delivering high-quality, low-cost care nationally and in Vermont.

Expedited review is also appropriate under Rule 4.304.5. Subsection 5 of Rule 4.304 provides that expedited or abbreviated review is appropriate when a project is not likely to be contested, is “consistent with the policies expressed in 18 V.S.A. § 9431(a)” and may be reviewed in an abbreviated manner. As the Board is aware, section 9431(a) of Title 18 states that it is the policy of Vermont, and in the interest of general welfare, to develop health care projects “in a manner that avoids unnecessary duplication and contains or reduces increases in the cost of delivering services, while at the same time maintaining and improving the quality of and access to health care services.” CSC is non-duplicative because existing infrastructure is being leveraged to build the ASC and because the ASC will attract and accommodate primarily surgeons in private practice over the long run, providing an alternative choice for Vermonters. There are currently too few operating rooms in the area and patients are not able to get timely care. Thus the CSC is not duplicating any available service. To the extent other operating rooms exist or are planned to come online in the future, they too would not be duplicative as the number of operating rooms needed to serve the population extends well past the four additional proposed by the CSC.

Most obviously the CSC meets the state policy of “improving the quality of and access to health care services.” The CSC will quickly bring online four sorely needed operating rooms thus greatly improving access to health care. CSC also does not increase the cost of delivering services. Ambulatory surgery centers provide outpatient care at roughly half the cost of in-patient surgeries.¹ Lastly, this application is appropriate for expedited review because the need for these additional rooms is clear, the Project is relatively limited, simple in scope and helps to address a clear pressing need.

Attached to this letter and in support of the CSC’s application are:

¹ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) Health Affairs. 764-769 (May 2014).

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1. Certificate of Need Application and Supporting Exhibits;
2. Letter from Susan Ridzon and Elizabeth Hunt, the founding members of the CSC, to Chairperson Mullin;
3. Attestation and Verifications under Oath signed by Susan Ridzon and Elizabeth Hunt.
4. Fee payment of \$14,885.35 pursuant to 19 V.S.A. §9441(a).

The CSC is excited about this opportunity and very much looks forward to your thoughtful review of this application. The CSC is eager to commence operations and hopes that you agree it appropriate for expedited review. Should you require any additional and/or further information beyond this letter, the application and the materials supporting the application, please do not hesitate to contact me.

Sincerely,



A.J. LaRosa, Esq.
ajlarosa@mskvt.com

Cc: Susan Ridzon
Elizabeth Hunt
The Collaborative Surgery Center

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MSK
ATTORNEYS

MSK ATTORNEYS
BURLINGTON, VT 05401

18011

DATE : Jul/30/2021

AMOUNT : \$14,885.35
ACCOUNT: GENERAL - 1
PAID TO: Green Mountain Care Board

Application Fee

CLIENT: 2521 - The Collaborative Surgery Center
MATTER: 2521-001

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MSK ATTORNEYS
275 COLLEGE STREET
BURLINGTON, VT 05401
(802) 861-7000



52-7218/2211

18011

NUMBER

Fourteen Thousand Eight Hundred Eighty Five ***** 35/100

DATE

AMOUNT

Jul/30/2021

\$14,885.35

WZ45688-03-18

PAY
TO THE
ORDER
OF
Green Mountain Care Board



MP
AUTHORIZED SIGNATURE

⑈018011⑈ ⑆221172186⑆ 0015255153⑈

The Collaborative Surgery Center

July 30, 2021

Kevin Mullin, Chair
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05602

Re: The Collaborative Surgery Center – Application for Certificate of Need for Out-Patient Ambulatory Surgical Center in Colchester, Vermont

Dear Chair Mullin:

The founding members of the Collaborative Surgery Center (CSC) are pleased and excited to provide to you this Certificate of Need Application for a multi-specialty ambulatory surgery center (ASC) in Colchester, Vermont. This is a women-led venture with a unique and significant non-profit component – one-half of distributable profits will be donated to a foundation designed to support community health needs. The CSC will quickly add much needed affordable, high quality surgical care options to Vermonters while the associated Collaborative Community Foundation (CCF) will more broadly support Vermont's health care system.

As you are no doubt aware, our area has a lack of operating room capacity. This lack of capacity has been an issue for some time and the 2020 closure of the Fanny Allen operating and procedure rooms has made the situation more acute. Timely access to surgical care is impeded, there is a backlog of surgical cases, and patients are sometimes having to wait 7-12 months to get necessary care.

The CSC proposes to address this need for additional operating capacity in the relative near term by opening four new state-of-the-art operating suites and associated rooms in Colchester. The CSC can be operating within 12-18 months of approval for a modest cost of \$2.4 million because it will use an existing, permitted building as well as existing health care infrastructure.

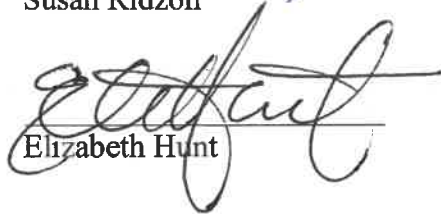
As explained in the application, the CSC will provide a complete spectrum of surgical services with a focus on four critically in-need areas: orthopedics, ENT, urology, and dental. We are eager to help meet this need and have determined that the CSC will be a financially viable project only if we are able to host procedures in each of these four core specialties.

The CSC will quickly and cost-effectively add much-needed, high quality and affordable surgical capacity to Vermont. Ambulatory surgery centers consistently receive high patient and provider satisfaction scores, and we believe Vermonters need more options like those that will be offered by the CSC. The CSC also will help attract surgeons to Vermont, particularly independent ones, helping to diversify our health care system so we have a healthier balance of

community and hospital-based providers. The associated charitable Foundation adds additional value and demonstrates our desire and commitment to help make Vermont's health care system the best that it can be.

As the need for additional operating capacity is pressing, and as the CSC can be opened relatively quickly, we are asking for expedited review of this application. As the founding members of the CSC, we look forward to discussing the Project with you and answering any questions you may have.


Susan Ridzon


Elizabeth Hunt

The Collaborative Surgery Center

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EXECUTIVE SUMMARY

The Collaborative Surgery Center (CSC) files this Certificate of Need Application to construct a multi-specialty ambulatory surgery center (ASC) in Colchester, VT (the “Project”). CSC will consist of four operating suites and associated ancillary rooms totaling approximately 9,016 square feet. The Project is estimated to cost \$2.4 million to renovate the existing building for use as a surgery center. Total Project costs including lease payments over 10 years, medical equipment purchases, and other soft costs are estimated to be \$11.9 million. The women led CSC and its associated charitable foundation, the Collaborative Community Foundation (CCF), will offer significant benefits to Vermonters and Vermont’s health care system.

A lack of operating room availability has impeded access to quality surgical care in this region for some time and the 2020 closure of Fanny Allen’s five operating rooms and two procedure rooms has made the problem more acute. There is a backlog of surgical cases and long wait times for patients, causing negative consequences in terms of patient health and satisfaction. The CSC will quickly and cost-effectively add surgical capacity to the region as it will utilize existing infrastructure and efficient design, reducing redundancy and cost. As the need for additional operating capacity is critical, and since the CSC can be up-and-running quickly, the CSC is requesting expedited review of this application.

The Project will:

- Improve patient access to necessary surgical procedures and help to alleviate longer than desired and harmful wait times. Affordable surgical capacity is particularly needed for orthopedic, ENT, urology, and dental procedures. The CSC will help to address this by including these surgical specialties as core procedures.
- Reduce the cost of outpatient surgery for Vermonters to roughly half of what the same service would cost if performed at a hospital. Additionally, CSC’s prices will be transparent so patients will know the cost of their surgery ahead of time, easing stress and possibly prompting pursuance of needed care that might otherwise be delayed due to concerns about unknown costs.
- Quickly and cost effectively deliver additional surgical capacity to Chittenden County without unnecessary duplication. The CSC will be housed in an already constructed building that will allow the project to be completed within 12 to 18 months. It will cost \$2.4 million to fit up to ASC specification, an efficient figure relative to health care capital expenditures statewide and nationwide.
- Be managed by women. Women still have strides to make in gaining equal access to opportunities and equivalent pay scales as men nationally and in Vermont. CSC will help to expand such opportunities.
- Expand high quality, affordable surgical options to help meet the needs of Chittenden County’s growing and aging population and help respond to a massive industry shift toward more care being delivered in an outpatient setting vs in a hospital. As

Chittenden County's population ages, the need for surgical procedures grows, as does the need for outpatient surgical space. Vermont's health care system must adapt to provide this care in a timely and cost-efficient manner.

- Drive meaningful improvements in Vermont's health care delivery system more broadly by distributing 50 percent of CSC's profits to its associated Collaborative Community Foundation to support primary care, mental health and child counseling services, or other needed community services.
- Offer a convenient, safe, and high-quality care option that is highly valued by patients and physicians. ASCs have high patient and provider satisfaction scores and can help recruit much needed specialty surgeons to Vermont.
- Help move Vermont to be more in line with other states regarding adoption of ASCs as a high value health care option. Vermont is currently ranked 50th out of 50 states for the number of ASCs available to serve Medicare beneficiaries on a per capita basis. Vermont's extreme outlier status leaves Vermonters with limited access to local lower cost alternatives to hospital-based outpatient surgery.
- Aid advancement of state health care reform efforts around price transparency and payment reform, and encouragement of competition in the health care sector as outlined in President Biden's July 9, 2021, Executive Order.¹ The Executive Order highlights the need to expand health care options in rural areas – particularly those where health-care options have been consolidated over time. CSC's transparent pricing, bundled payments, and provision of lower cost independent health care options help to advance the state's goals and the President's directive.

¹ On July 9, 2021, President Biden issued an Executive Order aimed at curtailing the growth of corporate monopolies across many sectors of the economy, including the health care sector. The Executive Order highlighted the central problems with excessive consolidation in the health care sector. Notably, for Vermont, the order also underscored the dangers associated with health care consolidation in rural markets. Specifically, the order states that "hospital consolidation has left many areas, particularly rural communities, with inadequate or more expensive health care options." What the Executive Order says about the dangers of consolidated health care markets nationally, we see broad evidence of here in Vermont. <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/07/09/executive-order-on-promoting-competition-in-the-american-economy/>

I. PROJECT NARRATIVE

A. Ambulatory Surgery Centers (ASCs) – A Brief Overview

An ASC is defined by Centers for Medicare and Medicaid Services (CMS) as “any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC and must meet the conditions set forth in subparts B and C of [Part 416].”²

Forty years ago, it was accepted practice that all surgeries should be performed in hospitals, but around that time physicians were becoming increasingly frustrated at the scheduling delays, limited operating room availability, slow operating room turnover and their lack of input in purchasing new and improved equipment within the hospital budget and policy process. In 1970, a group of physicians first developed an ASC, which gave them more control over the clinical environment and quality of care delivered to patients.

Today, there are more than 5,700 licensed ASCs nationwide.³ Technological advancement, faster acting and more effective anesthetics and less invasive techniques (like arthroscopy) have driven the growth of ASCs. Procedures that only a few years ago required major incisions, long-acting anesthetics and extended convalescence can now be performed using smaller incisions, short-acting anesthesia, and requiring minimal recovery time. In the four decades since ASCs were first developed, they have been associated with high quality care, satisfactory patient experience and reduced costs.⁴

1. ASC Regulation

ASCs are highly regulated by federal and state entities. The safety and quality of care in ASCs is evaluated by independent observers at three levels – state regulation, Medicare certification, and voluntary accreditation.

² 42 C.F.R. § 416.2.

³ Dyrda, Laura. *The Number of ASCs in the US: A State by State Breakdown*, BECKER’S ASC REVIEW (June 19, 2020), <http://www.beckershospitalreview.com/hospital-management-administration/how-many-licensed-ascs-are-in-your-state.html>.

⁴ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) HEALTH AFFAIRS. 764-769 (May 2014).

a) State Regulation

Vermont has an ASC licensing program overseen by the Vermont Department of Health. [Act 73](#) passed in 2019 and established licensing requirements for Vermont's Ambulatory Surgery Centers. This statute also requires Vermont's ambulatory surgical centers to publicly report their quality-of-care measures, which are displayed on the Department of Health's website.

b) Federal Regulation

ASCs that receive Medicare reimbursement are required to be certified and meet the Medicare Conditions of Coverage, 42 C.F.R. Part 416. The Conditions of Coverage are standards developed to ensure patient safety, and the quality of the facility, its physicians and staff, as well as the services offered and management of the ASC. ASCs are required to initially demonstrate compliance with these standards and must continue to meet the Conditions on an ongoing basis. Medicare health and safety requirements are the same for ASCs and hospital outpatient facilities.⁵

The Conditions of Coverage also specify the procedures that are eligible for Medicare reimbursement when performed at an ASC. Currently, there are about 3,500 such procedures covered by the Medicare program.⁶ Medicare is considering elimination of the inpatient only list.⁷ This will result in procedures previously permitted to be performed only in an inpatient setting to be performed in outpatient and/or ASC settings. This migration has begun through the 2021 CMS Final Rule where 297 additional musculoskeletal procedures have been added to the ASC list.

c) Private accreditation

The following independent accrediting organizations accredit ASCs: the Joint Commission, the Accreditation Association for Ambulatory Health Care, the American Association for the Accreditation of Ambulatory Surgery Facilities, and Health care Facilities Accreditation Program. ASCs must meet specific standards by any of these organizations to be accredited, and they all require an ASC to

⁵ Compare 42 C.F.R. § 416, with 42 C.F.R. § 482.

⁶ MEDICARE PAYMENT ADVISORY COMMISSION (MPAC), Report to the Congress: Medicare Payment Policy 139 (Mar. 2021).

⁷ Medicare was on track to eliminate inpatient only list by 2024 but very recently announced that it is reconsidering their process and timeline based on feedback from stakeholders. For more information see: <https://www.cms.gov/newsroom/fact-sheets/cy-2022-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center>

engage in external benchmarking to compare its performance with that of other ASCs.

Because delivering high quality care has been a hallmark of ASCs from their earliest days, the profession voluntarily developed the ASC Quality Collaboration. Six⁸ of the measures the collaboration developed have been endorsed by the National Quality Forum (NQF), which is a non-profit dedicated to improving the quality of health care in America. The NQF is the entity Medicare consults when seeking appropriate measures for quality of care.

At the urging of the ASC community, CMS established a uniform reporting system to allow ASCs to publicly report their performance on quality measures. Starting in 2012 and 2013, ASCs began reporting on patient burns; patient falls; wrong site, side, patient, or procedure; hospital admissions; and prophylactic IV antibiotic timing. As of 2021, in addition to the foregoing criteria, ASCs must report on endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients; cataracts: improvement in patient's visual function within 90 days following cataract surgery; facility seven-day risk-standardized hospital visit rate after outpatient colonoscopy; normothermia; unplanned anterior vitrectomy; hospital visits after orthopedic ambulatory surgical center procedures; and hospital visits after urology ambulatory surgical center procedures.⁹

ASCs' emphasis on quality has paid off. For instance, in a study of Medicare patients over time that was controlled for acuity of patients, treatment in an ASC yielded better health outcomes than hospital outpatient departments (HOPDs); in fact, high-risk patients were less likely to be admitted to an inpatient hospital within zero, seven, and 30 days from outpatient surgery.^{10 11}

B. Why Vermont Needs Collaborative Surgery Center (CSC)

⁸ Patient Burn, Prophylactic IV Antibiotic Timing, Patient Fall in the ASC, Wrong Site, Side, Patient, Procedure or Implant, Hospital Transfer/Admission, Appropriate Surgical Site Hair Removal. *Quality Measures and Guide*, ASC QUALITY COLLABORATION (last visited July 12, 2021), <https://www.ascquality.org/qualitymeasures>.

⁹ *ASC Quality Reporting*, CENTERS FOR MEDICARE & MEDICAID SERVICES (April 21, 2021), <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ASC-Quality-Reporting>

¹⁰ Munnich, Elizabeth L; Parente, Stephen T. *Returns to Specialization: Evidence from the Outpatient Surgery Market*, Volume 57 *Journal of Health Economics*. 147-167 (January 2018).

¹¹ Mezei, Gabor; Chung, Frances. *Return Hospital Visits and Hospital Readmissions After Ambulatory Surgery*, 230(5) *ANNALS OF SURGERY* 721-727 (Nov. 1999) (concluding that the study's results support the view that ambulatory surgery is a safe practice and finding an "extremely low rate" of complication-related hospital visits and readmissions within 30 days after ambulatory surgery).

1. ASCs Reduce Costs

The United States spent roughly \$3.8 trillion on health care in 2019;¹² Vermont spent \$6.5 billion the same year, the most recent year for which there is complete national and Vermont data.¹³ Though national and state health care reform efforts have slowed the runaway inflation that characterized health care costs up until the passage of the Affordable Care Act, health care costs continue to grow at an unsustainable rate and presently account for approximately 17.7 percent of the Gross Domestic Product, the highest of comparable OECD¹⁴ countries.¹⁵ Vermont's proportionate health care spending is even higher than the national average, constituting approximately 19.2 percent of the state's Gross State Product.¹⁶

Though high levels of spending on health care have not translated into better outcomes in the United States,¹⁷ no one expects nor wants to sacrifice the quality of care we currently have for lower costs. Health policymakers are challenged to create a sustainable health care system where spending is stabilized while ensuring access to quality services that enable improvement in the health of all Americans. ASCs serve an important role in helping to achieve this target.

ASCs not only lower cost, but they are also very safe and efficient, and are associated with high levels of patient satisfaction¹⁸. As a result, ASCs are widely accepted as an important tool for lowering the costs of surgical procedures and are prime examples of how “right-sizing” the location of non-acute services to be in

¹² Martin, Anne B; Hartman, Micah; Lassman, David; Catlin, Aaron. *National Health Care Spending in 2019: Steady Growth for the Fourth Consecutive Year*, 40(1) HEALTH AFFAIRS. 14-24 (January 2021).

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.02022>

¹³ GREEN MOUNTAIN CARE BOARD (GMCB), *2019 VERMONT HEALTH CARE EXPENDITURE ANALYSIS* (May 2021).

https://gmcboard.vermont.gov/sites/gmcb/files/documents/2019VTHealthCareExpenditureAnalysis_BoardPres_20210512_0.pdf

¹⁴ OECD is the Organisation for Economic Co-operation and Development (OECD), an international organization of 37 countries that work together to establish evidence-based international standards and find solutions to a range of social, economic, and environmental challenges.

¹⁵ KFF ANALYSIS OF OECD AND NATIONAL HEALTH EXPENDITURE (NHE) DATA. https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/?sf_s=health+spending#item-spendingcomparison_health-consumption-expenditures-per-capita-2019

¹⁶ GREEN MOUNTAIN CARE BOARD (GMCB), *2019 VERMONT HEALTH CARE EXPENDITURE ANALYSIS* (May 2021).

https://gmcboard.vermont.gov/sites/gmcb/files/documents/2019VTHealthCareExpenditureAnalysis_BoardPres_20210512_0.pdf

¹⁷ Although the United States health care system is the most expensive in the world, the United States underperforms relative to other countries on most quality, access, efficiency, and equity measures. Tikkanen, Roosa; Abrams, Melinda K. *U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes* COMMONWEALTH FUND (January 2020).

<https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019>

¹⁸ LEAPFROG GROUP REPORT. *What Patients Think About Their Hospitals and Ambulatory Surgery Centers: An Analysis of Patient Experience Surveys* (July 2021) <https://www.leapfroggroup.org/patient-experience-report>

line with the acuity of the procedure and needs of the patient can result in health care savings.¹⁹

The reimbursement for a procedure at an ASC is typically 45-60 percent less than the same one performed in a hospital, and depending on the procedure in question, the savings could be more or less.²⁰ For this reason, ASCs are an important counterweight to soaring medical cost growth throughout the country. Lower reimbursement for services at ASCs is feasible due to lower overhead, efficient staffing, and optimal utilization of space and operating hours as ASCs are only able to hold patients for 23 hours and often do not have the capacity to allow for overnight stays.

Additionally, ASCs' bundled payments assist in cost containment and transparency in medical billing because the only items listed on an Explanation of Benefits (EOB), or ASC invoice are the codes performed the day of surgery. There is no additional billing for time spent in recovery, medications used, etc. This is particularly useful for patients who have insurance plans with high deductibles and co-pays. The option of having their surgery performed in an ASC where the costs are both predictable and significantly lower than hospital costs may make the difference between having a recommended surgical procedure or not. Forgoing a minor surgical procedure may increase the chance that the patient's condition progresses and becomes more expensive to treat later in a hospital emergency department or operating room, possibly requiring an expensive in-patient stay and/or jeopardizing the health of the patient.

ASCs saved the Medicare program and its beneficiaries \$28.7 billion during the eight-year period from 2011 to 2018.²¹ These savings are possible because of the lower payment rates for procedures performed in ASCs when compared to the rates paid to hospitals for the same procedures.²² ²³ For example, for CMS

¹⁹ *Right-Sizing Health care: The Migration of Non-Acute Care to Outpatient Settings*, AVANZA HEALTH CARE STRATEGIES (last visited July 12, 2021), <https://avanzastrategies.com/right-sizing-healthcare/>.

²⁰ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) Health Affairs. 764-769 (May 2014).

²¹ Ambulatory Surgery Center Association & KNG Health Consulting LLC. (2020, October). *Reducing Medicare Costs by Migrating Volume from Hospital Outpatient Departments to Ambulatory Surgery Centers*. AMBULATORY SURGERY CENTER ASSOCIATION. <https://www.advancingsurgicalcare.com/advancingsurgicalcare/reducinghealthcarecosts/costsavings/reducing-medicare-costs>

²² McMillan, D., Long, D., & Payne, A. *HOPD vs ASC: Understanding Payment Differences*. Healthcare Financial Management Association. (April 1, 2019) <https://www.hfma.org/topics/hfm/2019/april/hopds-vs-asc-understanding-payment-differences.html>

²³ Szabad, Melissa; Freerks, Melesa; Bushee, Meggan Michelle. *Reverse Migration?: A Trend of ASC Conversion to HOPD*. MCGUIRE WOODS WHITE PAPER (2013), http://www.mcguirewoods.com/news-resources/publications/health_care/reverse-migration-whitepaper.pdf.

beneficiaries, the 2020 relative weight factor for ASCs was 41 percent lower than the Outpatient Prospective Payment System (OPPS) factor used to determine what is paid to hospitals.²⁴ Medicaid and other insurers, which typically benchmark their reimbursement rates off of the Medicare rate established by CMS, benefit from lower prices for services performed in the ASC setting, which translates into much lower employer and patient costs when care is received in an ASC.

In the case of Vermont for fiscal year 2020, the only full calendar year of available data for the state's single existing multi-specialty ASC, Medicare savings from the ASC were estimated to be \$1 million, Commercial payer savings were estimated to be \$5.3 million, and Medicaid savings were estimated to be \$330,000. This equals over \$6 million in annualized savings than if the same procedures were performed at the local hospital.²⁵ Importantly, these savings accrued to patients, payers, and the health system without any noticeable impairment to the finances of the local hospital. Also note that the bulk of the savings is realized by Commercial payors. If passed on by payers, these savings provide relief to the commercially insured individuals and small businesses in Vermont who have borne the brunt of Vermont's medical cost increases which have resulted in annual average premium increases of 7.4 percent from 2016 to 2021.²⁶

Considering the cost savings that ASCs offer, it makes sense for Vermont to embrace these low cost, high-quality, efficient centers. The limited development to date of ASCs in Vermont may contribute to the state's relatively high overall health care costs compared to other states despite Vermont's commendable efforts and progress in containing the growth of health care costs. The ASC proposed in this Application is offered as an alternative so that in the future the state does not have to rely so heavily on a higher-cost, hospital-based health care infrastructure. It offers an opportunity to further contain costs and, once open, the proposed ASC will immediately reduce the financial burden borne directly by Vermonters and the state's health care system.

²⁴ MEDICARE PAYMENT ADVISORY COMMISSION (MPAC), *Report to the Congress: Medicare Payment Policy 139* (Mar. 2021).

²⁵ Based on an analysis ran by Green Mountain Surgery Center for all cases performed by CPT code for the 2020 calendar year and comparing the fee schedule by CPT to the HOPD OPPS schedule and adjusting conservatively for commercial payer analysis.

²⁶ From HEALTHINSURANCE.ORG which was created in 1994 and is one of the longest running sources of in-depth information about health insurance for consumers. <https://www.healthinsurance.org/health-insurance-marketplaces/vermont/#rates> (last accessed July 17, 2021).

2. CSC Will Help Alleviate Existing Shortage of Outpatient Surgery Capacity in Chittenden County

Current outpatient surgery capacity in Chittenden County is insufficient to support the current and expected needs of the population. The shortage has existed for several years and is now exacerbated by the recent closure of outpatient surgery space at Fanny Allen that resulted in the loss of five operating rooms and two procedure rooms. The unmistakable need for expanded outpatient surgery capacity in Chittenden County will continue to increase as the population grows and ages.

Chittenden County is Vermont's fastest growing county, and its population is projected to exceed 250,000 by 2035, a 69 percent increase from 2000 levels.²⁷ Further, while Chittenden County is expected to grow, Vermont's population is projected to age considerably. By 2030, the portion of Vermonters aged 65 or older will have increased by nearly 12 percentage points.²⁸ This combination of an aging population and a growing population within Chittenden County will increase the pressure on existing outpatient surgery programs, which are already insufficient in number. Presently, other than The Eye Surgery Center, which focuses exclusively on eye procedures, and Green Mountain Surgery Center, which hosts two operations rooms and four procedure rooms, the UVM Medical Center is the only health care provider offering outpatient surgical services in Chittenden County. The Collaborative Surgery Center will help to alleviate the current shortage of outpatient surgery space and will help to meet the current and expected future health care needs of Vermonters.

Anecdotal data from local physician practices also supports the conclusion that additional outpatient capacity is needed in Chittenden County. Lengthy wait times and lack of access to the hospital's surgical facilities are concerns echoed by several patients and independent specialists in the area. Vermont physicians report that many patients currently must wait 7 to twelve months for outpatient procedures, specifically carpal tunnel, shoulder repair, and knee replacement surgeries. For comparison, the National Health Service in the United Kingdom has established a maximum wait time of 18 weeks (or just over four months) for non-urgent consultant led elective surgeries.²⁹

²⁷ ECONOMIC & POLICY RESOURCES, INC., ECONOMIC AND DEMOGRAPHIC FORECAST: NORTHWEST VERMONT AND CHITTENDEN COUNTY 2000 TO 2035 AND BEYOND, 33 (2000).

²⁸ U.S. CENSUS BUREAU, POPULATION DIVISION, INTERIM STATE POPULATION PROJECTIONS, RANKING OF STATES BY PROJECTED PERCENT OF POPULATION AGE 65 AND OLDER: 2000, 2010, AND 2030 (2005). Note that detailed data from 2020 Census is not expected to be available until later in 2021.

²⁹ Guide to NHS Waiting Times in England. NATIONAL HEALTH SERVICE WEBSITE. <https://www.nhs.uk/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/>, last accessed July 2, 2021

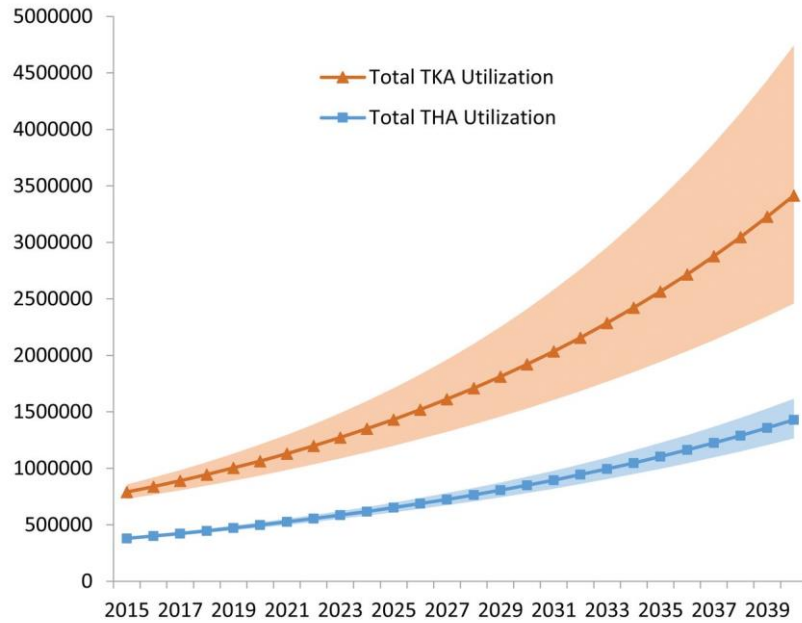
Waiting months for necessary surgery is not without harm as the authors of a 2020 article in *Annals of Surgery* note: “The burden of disease continues to accumulate while patients await surgery. Progression is a key feature of many surgical diseases, and delays in treatment result in worse outcomes and higher mortality for patients across a broad spectrum of diseases.”³⁰ Such delays often require that the patient cope with long term chronic pain that might require the use of opioids, potentially leading to opioid abuse and addiction. Coping with symptoms during long waits for surgical procedures causes a general decrease in quality of life and/or mental health issues. It also can hamper the ability to perform work duties which can lead to unemployment and all the associated costs.

The current surgical delays largely stem from a lack of available outpatient operating rooms for surgeons to utilize. Long wait times are likely to remain or worsen until there are more outpatient surgical programs in the community. As our population ages, the need for surgeries is expected to increase dramatically, creating even more demand for outpatient surgery space. For example, by 2040, total annual United States use for hip replacements (total hip arthroscopy or THA) and total knee replacement (total knee arthroscopy or TKA) is projected to increase by 284 percent and 401, respectively, as shown in **Figure 1**.³¹ The addition of the Collaborative Surgery Center to Vermont’s health care landscape will help to alleviate the long waits and the associated damage, and will enable the state to provide access to care closer to the recommended wait time target.

³⁰ Fue, Sue J; George, Elizabeth L; Maggio, Paul M; Hawn, Mary; Nazerali, Rahim. *The Consequences of Delaying Elective Surgery: Surgical Perspective*. ANNALS SURGERY 2020 Aug; 272(2): e79–e80.

³¹ Singh, Jasvinder A; Yu, Shaohua; Chen, Lang; Cleveland, John D. *Rates of Total Joint Replacement in the United States: Future Projections to 2020-2040 Using the National Inpatient Sample*. JOURNAL RHEUMATOLOGY First Release April 15, 2019; [doi:10.3899/jrheum.170990](https://doi.org/10.3899/jrheum.170990).

Figure 1



The projected annual use of primary total hip arthroplasty (THA) and primary total knee arthroplasty (TKA) procedures in the United States from 2015 to 2040. The X-axis shows years and the Y-axis shows the number of annual procedures for primary THA (blue) or primary TKA (orange). The shaded area (THA, blue; TKA, orange) represents the 95% prediction interval for respective projections at each timepoint. The CI are much wider after 2030. If the current rate of increase slows down, the lower 95% prediction interval value of the projection may be more accurate. If the current rate of increase in arthroplasty accelerates, the upper 95% prediction interval value might be more accurate.³⁰

3. Vermont Lags Far Behind Nationwide Trend Toward Increased ASC Outpatient Surgery Capacity

There is a massive migration away from hospitals providing mostly in-patient services, to hospitals and other providers offering more and more outpatient care.³² Currently more than 60 percent of all surgeries are performed in ASCs or HOPDs,³³ and many surgical specialties now offer care almost exclusively on an outpatient basis³⁴. There is a growing body of evidence indicating that lower-acuity care will increasingly be delivered outside of hospital walls, in facilities dedicated exclusively to outpatient surgical care.

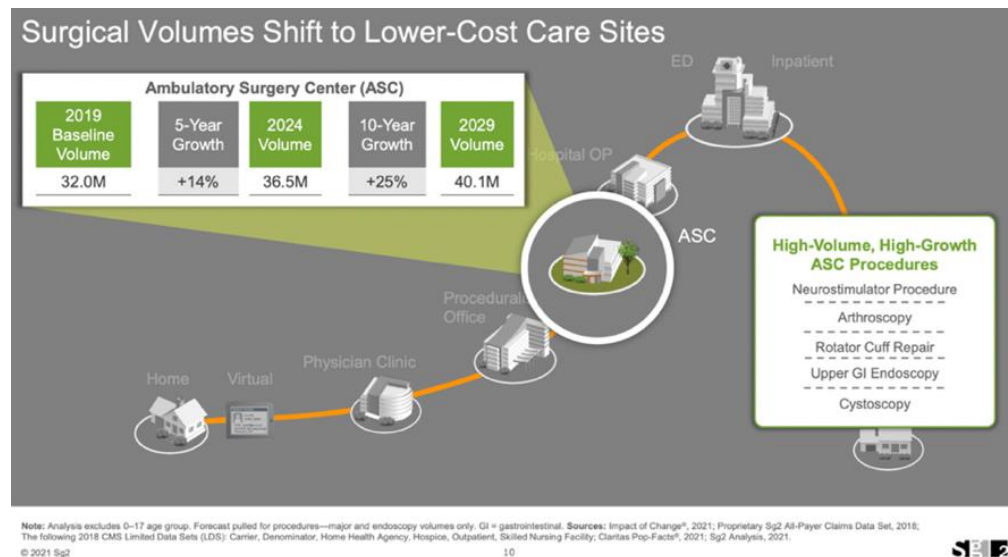
³² ADVISORY BOARD, January 8, 2019. *The outpatient shift continues: Outpatient revenue now 95 percent of inpatient revenue, new report reveals*, accessed July 10, 2021. <https://www.advisory.com/en/daily-briefing/2019/01/08/hospital-revenue>

³³ LEAPFROG GROUP REPORT, July 2021. *What Patients Think About Their Hospitals and Ambulatory Surgery Centers: An Analysis of Patient Experience Surveys*. <https://www.leapfroggroup.org/patient-experience-report>

³⁴ OR MANAGER, November 17, 2020. *Shifts in case mix bode well for future of outpatient surgery*, accessed July 12, 2021. <https://www.ormanager.com/shifts-case-mix-bode-well-future-outpatient-surgery/>

An ASC market report shows that ASCs performed 41 percent of surgical procedures in 2020, and projects that they will perform 68 percent of orthopedic surgeries by the mid-2020s.³⁵ Further, a June 2021 report by Sg2 predicts that ASC volume will increase 25 percent by 2029, as surgical volumes shift to lower-cost sites of care (see **Figure 2**). This will help to drive down the cost of surgical procedures.³⁶

Figure 2



Other states are in a much better position to handle this migration to outpatient settings as they have many more ASCs. There are over 5,700 licensed ASCs throughout the United States, including 163 in New England (not including Vermont) and another 147 in New York.³⁷ All 50 states host ASCs; our sister state New Hampshire has 28 licensed ASCs and nearby Maine has 15.³⁸ States

³⁵ RESEARCH AND MARKETS. (2020, November 5). *2020 Ambulatory Surgery Center Market Analysis: Surgeries Shift to Outpatient Centers as Surgery Volumes Grow*. [www.Prnewswire.Com](https://www.prnewswire.com/news-releases/2020-ambulatory-surgery-center-market-analysis-surgeries-shift-to-outpatient-centers-as-surgery-volumes-grow-301167180.html). <https://www.prnewswire.com/news-releases/2020-ambulatory-surgery-center-market-analysis-surgeries-shift-to-outpatient-centers-as-surgery-volumes-grow-301167180.html>

³⁶ HEALTH CARE INTELLIGENCE. June 2, 2021. *2021 Impact of Change Forecast Highlights*. https://newsroom.vizientinc.com/content/1221/files/Documents/2021_PR_ImpactOfChange.pdf

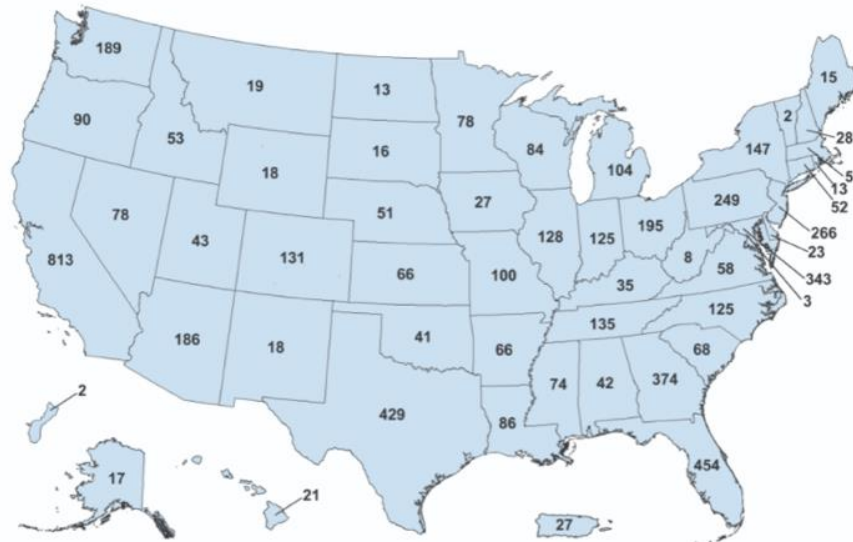
³⁷ Dyrda, Laura. *The Number of ASCs in the US: A State by State Breakdown*, BECKER'S ASC REVIEW (June 19, 2020), <http://www.beckershospitalreview.com/hospital-management-administration/how-many-licensed-ascs-are-in-your-state.html>.

³⁸ ASCA ASSOCIATION. (May 2020) *Number of ASCs Per State*. <https://www.ascassociation.org/advancingsurgicalcare/asc/numberofascspersstate>

that have populations of fewer than one million, like Vermont, have on average 17.4 licensed ASCs.³⁹

Figure 3

Medicare-Certified ASCs



Based on data provided by the Centers for Medicare & Medicaid Services (CMS), May 2020

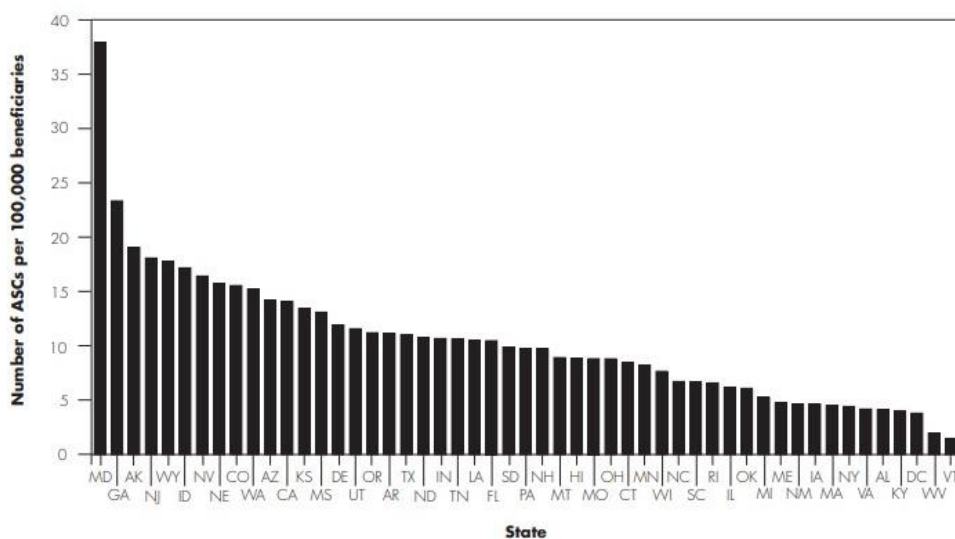
ASCA Association. (2020, May). Number of ASCs Per State. [Ascaassociation.Org. https://www.ascassociation.org/advancingurgicalcare/asc/numberofascspersstate](https://www.ascassociation.org/advancingurgicalcare/asc/numberofascspersstate)

Yet, Vermont has only The Eye Surgery Center and the multi-specialty Green Mountain Surgery Center. In fact, Vermont is currently ranked 50th out of 50 states for the number of ASCs available to serve Medicare beneficiaries on a per capita basis. Vermont’s extreme outlier status when it comes to ASCs leaves Vermonters with limited access to local lower cost alternatives to hospital-based outpatient surgery.

Table 1 is taken from MedPac’s March 2021 report to Congress and underscores how far behind the nation, and how far behind the other New England states, Vermont continues to be when it comes to providing Medicare beneficiaries with access to ASCs.

³⁹ Dyrda, Laura. *The Number of ASCs in the US: A State by State Breakdown*, BECKER’S ASC REVIEW (June 19, 2020), <http://www.beckershospitalreview.com/hospital-management-administration/how-many-licensed-asc-are-in-your-state.html>

Table 1: Number of ASCs per beneficiary varies widely by state, 2019



Note: ASC (ambulatory surgical center).

Source: MedPAC analysis of CMS Provider of Services file for 2020 and Medicare Common Medicare Environment file.

Other states have recognized that ASCs play an important role in a health care system, in that they offer patients an affordable, high-quality alternative to costlier hospital-based outpatient surgeries, and that for many patients they offer a smaller scale, more patient-friendly environment than the more typically institutional hospital setting. CMS has reimbursed procedures performed at ASCs since 1982 and there is national recognition of the usefulness of ASCs in today’s health care system as summarized in the Medicare Payment Advisory Commission’s⁴⁰ 2021 Report to Congress:

- Changes in clinical practice and health care technology have expanded the provision of surgical procedures in ambulatory settings. There is potential for this trend to continue as momentum grows for knee and hip arthroplasty (knee and hip replacement) to be done in ambulatory settings.
- ASCs can offer patients greater convenience than HOPDs, such as the ability to schedule surgery more quickly.
- For most procedures covered under the ASC payment system, beneficiaries’ coinsurance is lower in ASCs than in HOPDs.

⁴⁰ MedPac is a nonpartisan legislative branch agency that provides the U.S. Congress with analysis and policy advice on the Medicare program.

- Physicians have greater autonomy in ASCs than in HOPDs, which enables them to design customized surgical environments and hire specialized staff.

As the shift of outpatient procedures to ASCs accelerates on a national scale, Vermont's health care landscape also needs to evolve so Vermont is not left further behind in its ability to offer its residents access to ASCs. Vermonters, as much as residents of any other state, deserve broader access to the convenient, high value, and low-cost care that ASCs provide. Importantly, as the Vermont population ages and grows, particularly with the population increase underway in Chittenden County, residents migrating to Vermont from other states will expect to find a handful of options to access small-scale efficient services that multiple ASCs in small metropolitan areas of every other state are able to offer their residents.

4. CSC Will Help Vermont Attract and Retain Physicians

There is an urgent need to attract and retain more surgeons to Vermont. The workforce issue and the need to retain and recruit surgeons from different specialties to the state has long been highlighted in Vermont's health care workforce reports and by hospitals during their budget processes and hearings. The addition of CSC to Vermont's health care landscape will attract more surgeons to the state. This will be particularly helpful for specialties where shortages currently exist or are expected, such as in orthopedics.⁴¹ Vermont will be more successful in competing with other states for surgeons if there are opportunities for doctors to invest in and perform surgeries in an ASC. Physicians appreciate the efficient operation of a well-run ASC that minimizes physician idle time, thereby increasing the number of surgeries they can perform and helping to decrease patient wait times.

The recruitment success of Green Mountain Surgery Center (GMSC) demonstrates the ability of ASCs to attract physicians. In the two years since it opened, GMSC has played a crucial role in recruiting at least five out of state physicians/proceduralists/surgeons to Vermont who work in specialties ranging from gynecology to gastroenterology, to general surgery.

There is also the added benefit that ASCs tend to attract independent physicians. This will help to balance a health system that is becoming increasingly consolidated and corporatized.⁴² There is evidence that this shift toward large,

⁴¹ By 2025, the Health Resources and Services Administration predicted the U.S. will be short 5,080 orthopedic surgeons, according to a Merritt Hawkins [report](#). (Last accessed July 17, 2021)

⁴² According to a June 2021 report on research conducted by AVALERE HEALTH for the PHYSICIANS ADVOCACY INSTITUTE (PAI), nearly 70 percent of physicians are now employed by a hospital or corporate entity and hospitals and corporations own nearly

hospital- and corporate-dominated systems makes it more difficult to control health care costs and does not improve quality or efficiency.⁴³ In fact, the problem of consolidation has risen to the level of President Biden who recently issued an Executive Order aimed at curtailing the growth of corporate monopolies across many sectors of the economy, including the health care sector.⁴⁴

The addition of CSC and the resultant increase in independent physicians will expand Vermonters' access to these high-quality, lower cost options. It will help Vermont to have a diverse health care system where there is an array of providers. A system with ample community-based and hospital-based providers will serve patients better, result in lower costs, and ensure that patients have options for care.

5. ASCs Have High Levels of Patient Satisfaction

Patient surveys show a 92 percent satisfaction rate with both the care and service received from an ASC.⁴⁵ ASC satisfaction is high and has been rated better than hospital outpatient departments, according to a 2021 Leapfrog report of 2020 ASC Consumer Assessment of Health Care Providers and Systems (ASC-CAHPS) survey results. ASCs scored significantly higher in all four areas of patient satisfaction when compared to HOPDs, as shown in **Figure 4**.⁴⁶ High patient satisfaction is likely due to a combination of factors including high quality care, efficient operations, a smaller, more intimate setting, convenience, reduced wait-times, and lower, predictable costs.^{47 48 49}

half of all U.S. medical practices.<http://www.physiciansadvocacyinstitute.org/PAI-Research/Physician-Employment-and-Practice-Acquisitions-Trends-2019-20> (last accessed July 17, 2021)

⁴³ For an in-depth overview of issues associated with health care consolidation, see Economist Martin Gaynor's May 19, 2021, statement before the US Senate Judiciary Committee: *Antitrust Applied: Hospital Consolidation Concerns and Solutions*. <https://www.judiciary.senate.gov/download/martin-gaynor-testimony> (last accessed July 17, 2021).

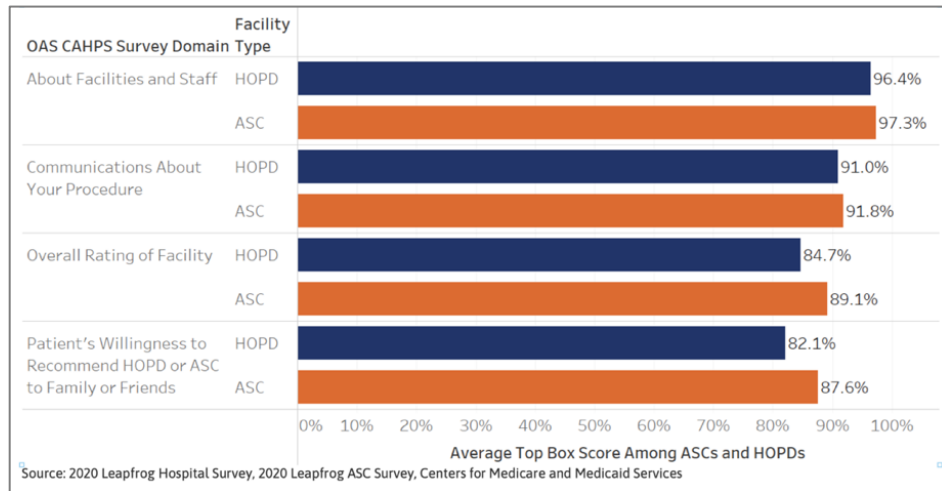
⁴⁴ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/07/09/executive-order-on-promoting-competition-in-the-american-economy/>

⁴⁵ *Ambulatory Surgery Centers: A Positive Trend in Health Care*, AMBULATORY SURGERY CENTER ASSOCIATION (ASCA) 3 (Last accessed July 12, 2021) <https://www.ascassociation.org/advancingsurgicalcare/aboutasc/industryoverview/apositivetrendinhealthcare>

⁴⁶ LEAPFROG GROUP REPORT. *What Patients Think About Their Hospitals and Ambulatory Surgery Centers: An Analysis of Patient Experience Surveys* (July 2021) <https://www.leapfroggroup.org/patient-experience-report>

⁴⁷ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) Health Affairs. 764-769 (May 2014). (see page 765, noting praise that ASCs have received for their potential to provide less expensive, faster services for low-risk procedures and more convenient locations for patients and physicians, compared to outpatient departments)

Figure 4: Average Top Box Score (percent of patients who gave the most favorable response) on the same-day surgery patient experience (OAS CAHPS) Survey (n=363 ASCs, 1,252 hospitals providing outpatient care)



The efficiency of the ASC care delivery model helps reduce frustrating wait times for patients and allows physician specialists to exercise better control over scheduling, so few procedures get delayed or rescheduled due to institutional demands like unforeseen emergency surgeries. Physicians focus on a small number of procedures in a single setting, as compared to a hospital setting that has large scale demands for space, resources and the attention of management. An ASC’s focus enhances quality control procedures because of the limited number of procedures and operating rooms, and the smaller size of an ASC compared to a hospital.

Additionally, ASCs are paid for their services based upon a global fee for each surgical procedure, a payment method that is similar to approaches such as bundled payments that are used to further health reform efforts aimed at bringing down costs. A global fee arrangement is ideal for patients who want to determine exactly how much they will have to pay out of pocket prior to committing to their surgery. This is especially useful for low-income patients or the increasing number of patients who have insurance plans with high deductibles and co-pays. The price transparency available at ASCs is typically not possible for patients

⁴⁸ Bleustein, Clifford; Rothschild, David B; Valen, Andrew; Valaitis, Eduardas; Schweitzer, Laura; Jones, Raleigh. *Wait Times, Patient Satisfaction Scores, and the Perception of Care*, 20(5) AMERICAN JOURNAL MANAGED CARE 393, 399 (May 2014) (documenting the negative impact of longer wait times on patient satisfaction)

⁴⁹ Grisel, Jed; Arjmand, Ellis. *Comparing Quality at an Ambulatory Surgery Center and a Hospital Based Facility: Preliminary Findings*, 141(6) OTOLARYNGOLOGY-HEAD AND NECK SURGERY. 701 (Dec. 2009) (see page 71, compared performance at an ASC with a hospital-based facility and concluded that the ASC generally outperformed the hospital-based facility).

having their surgery performed at a hospital where charges are often not known or not calculated until after a patient is discharged.

6. CSC Will Aid Advancement of Health Care Reform Efforts

Vermont's health care reform efforts include reducing health care costs and cost growth; assuring that all Vermonters have access to and coverage for high quality care; and improving the health of Vermont's population.⁵⁰ As detailed elsewhere in this Application, CSC's efficient structure and lower reimbursement rates will help to reduce health care costs. It also will improve access to much-needed surgical space. These contributions will lead to improved population health in that Vermonters will have more timely access to low-cost, high-quality care which will help to prevent the deleterious effects of delaying necessary care.

CSC's addition to the Vermont health care system also ties in nicely to other health care reform efforts such as price transparency and payment reform. The global fees that ASCs are paid is similar to other payment reform approaches and allows ASCs to provide patients with full price transparency prior to provision of services. CSC believes in the value of price transparency for patients and the healthy functioning of the overall health care market. Accordingly, CSC will post prices on the Center's website and will provide prices for patients scheduled at the Center that are specific to the patient's insurance or self-pay status.

CSC will also support the efforts of Vermont's Accountable Care Organizations (ACOs). In a recent presentation to the GMCB, Michael Bailit outlined that, nationally, ACOs are achieving savings by moving care from higher-cost sites to lower-cost sites and by reducing discretionary testing, imaging, and procedures.⁵¹ As ASCs cost much less to provide the same procedure than HOPDs, the state's ACOs will have a much needed lower-cost site of care option to which they can direct their participants. This will help the ACO meet both quality and cost targets.

Additionally, the tendency for ASCs to attract independent physicians could help ACOs reduce discretionary testing, imaging, and procedures. Independent doctors tend to order fewer expensive and low-value tests than hospital-affiliated physicians, according to two studies in the May 2021 issue of Health Affairs. The first study found that after a physician group became under direct ownership of a hospital or health system (vertical integration), there was an increase in the

⁵⁰ Per Vermont Agency of Human Services website <https://hcr.vermont.gov/> (last accessed July 18, 2021)

⁵¹ Bailit, Michael. *Core Competencies of High Performing Accountable Care Organizations*. (May 12, 2021, report to GMCB) https://gmcboard.vermont.gov/sites/gmcb/files/documents/CoreCompetenciesofHighPerformingACOs_Bailit_BoardPres_20210512.pdf

number of diagnostic imaging tests and laboratory tests per 1,000 attributed Medicare beneficiaries that were performed in the hospital setting, while the number performed in non-hospital settings decreased.⁵² The changes resulted in \$73.1 million more in Medicare spending over the 2013-2016 study period.⁵³

The second study looked at Medicare and commercial claims data of Massachusetts physicians to see if there were differences in magnetic resonance imaging (MRI) referral patterns for lower back pain, knee pain, and shoulder pain. It found a 20 percent increase in the odds of a patient receiving an inappropriate MRI referral once a physician moved from independent practice to employed by a hospital. In addition, most of the MRIs were performed at the hospital where the physician was employed,⁵⁴ where it would likely be much more expensive than getting the same service at an independently owned imaging center.

While the CSC will not directly address issues such as these, expansion of the network of independent doctors, perhaps aided by the addition of a second multi-specialty ASC, could help Vermont control costs, and provide more access to high value care. Emphasizing these high value options will help ACOs achieve the desired changes to the health care system.

C. Collaborative Surgery Center Fundamentals

Collaborative Surgery Center proposes to open a multi-specialty ASC to offer a new lower-cost, high quality alternative for outpatient surgery procedures in Chittenden County. The proposed facility will be a free-standing surgery center of approximately 9,016 square feet with four sterile operating rooms. It will be located at 525 Hercules Drive in Colchester, Vermont, less than a 40-minute drive from even the most remote communities in Chittenden County, its primary geographic service area, and approximately ten minutes from downtown Burlington.

Collaborative Surgery Center is seeking an unrestricted multi-specialty ambulatory surgery center license to perform any procedures approved by Medicare for payment in ASCs. The current CMS-approved list of surgeries and procedures that are eligible for payment in ambulatory surgery centers is attached as **Exhibit 1**.

Collaborative Surgery Center intends to provide timely access to the full range of outpatient procedures that are needed by Vermonters, which will necessarily include some services that are higher margin and some services that are relatively less profitable. The planners of CSC have

⁵² Whaley, Christopher M; Zhao, Xiaoxi; Richards, Michael; Damberg, Cheryl L. *Higher Medicare Spending on Imaging and Lab Services After Primary Care Physician Group Vertical Integration*. HEALTH AFFAIRS. 40, No 5. (May 2021): 702-709.

⁵³ *Id.*

⁵⁴ Young, Gary J; Zepeda E. David; Flaherty, Stephen; Thai, Ngoc. *Hospital Employment of Physicians in Massachusetts Is Associated with Inappropriate Diagnostic Imaging*. HEALTH AFFAIRS. 40, No. 5 (May 2021): 710-718.

heard from the community about the need for better access to timely elective surgeries in urology, ENT, orthopedics, pediatric dentistry, general surgery, plastic surgery, gynecology, and podiatry. CSC plans to fill the need for procedures across all these specialty areas. However, as is the case for any healthcare facility planning to be sustainable for the long-term, the investors who will finance the renovation and fit-up of the facility, front the start-up costs, and purchase the medical equipment must have assurance that high-margin and high-growth services will be part of CSC's offering, as well as the more niche or less profitable services. Simply put, to make the project financially feasible and meet our goal to provide a broad range of the most needed services, CSC must have assurance that, at minimum, it will be permitted to perform orthopedic, ENT, urology, and dental procedures.

The Collaborative Surgery Center will apply to CMS for its provider number and certification and enrollment as a Medicare-approved freestanding Ambulatory Surgery Center as designated in Code of Federal Regulations Title 42, Chapter IV, Subchapter B, Part 416. In conjunction with its Medicare application, it will also apply for accreditation from the Accreditation Association for Ambulatory Health Care and/or the Joint Commission, the two preeminent accrediting bodies for ambulatory health care facilities.

If this Certificate of Need is awarded, the facility will be owned and operated by members of the management team, who will own a minority stake in the enterprise, and physicians from the medical staff who live and practice in Vermont or Northern New York. It will have no corporate ownership, nor ownership by individuals or entities who are not local to the surgery center's service area. Also, in a unique arrangement that emphasizes the Collaborative Surgery Center's intention to drive meaningful improvements in Vermont's health care delivery system more broadly, CSC will distribute 50 percent of profits to a charitable foundation whose mission will be to distribute the funds to Vermont organizations involved in supporting or delivering primary care, mental health, and/or child counseling services, or other needed community services.

Collaborative Surgery Center's medical staff will be open to any Board certified or Board-eligible specialty physicians practicing in the service area and able to accept responsibility for patient post-operative care and follow-up, and who satisfy other customary criteria set forth in the ASC's medical staff bylaws. The Collaborative Surgery Center will seek Medicare and Medicaid certification, accreditation from the Accreditation Association for Ambulatory Health Care and/or the Joint Commission, and will serve a broad cross-section of the community, including low-income and indigent patients who will benefit from the ASC's generous charity care policy, described in greater detail elsewhere in this Application.

As shared earlier, CMS is considering elimination of the inpatient only list due to increases in surgical and recovery techniques allowing many procedures to be performed on an outpatient basis. This forward planning by CMS and anticipation that even more specialties and procedures will become ASC-eligible in the near-future, Collaborative Surgery Center is seeking an unrestricted multi-specialty ambulatory surgery center license to perform any procedures approved by Medicare for payment in ASCs.

In accordance with 42 C.F.R. 416.166, the Collaborative Surgery Center will only host procedures that are not expected to pose a significant safety risk to a patient when performed in an ASC, and for which standard medical practice dictates that the beneficiary would not typically

be expected to require active medical monitoring and care at midnight following the procedure. The rapidly changing technology in health care makes it impossible to precisely name the procedures that will be performed in the future at the proposed Collaborative Surgery Center. When Medicare first began approving reimbursement for procedures performed at ASCs in 1982, it approved 200.⁵⁵ Today, it approves reimbursement for approximately 3,500,⁵⁶ and it adds approved procedures annually with the possibility that the CMS inpatient only list will be eliminated completely within the next few years. Some of the procedures performed today were unknown or still experimental in 1982.

The proposed ASC will offer many advantages over existing options for outpatient surgical care. It will offer high quality health care at a lower cost. The costs for services performed at the ASC will be knowable by patients in advance of treatment, eliminating the financial uncertainty often associated with health care. Due to the efficiencies inherent in the ASC concept, the ASC will offer reduced wait times for procedures. The ASC facility will be smaller and less institutional than a typical hospital setting and will be designed to be patient-friendly and easily accessible, featuring easy parking and convenient transportation options. The proposed ASC also will use some existing health care facility infrastructure, allowing the community to get much-needed access to this high quality, additional operating room space relatively quickly and cost-effectively. Please see **Exhibit 2** for our proposed project timeline.

D. Applicant's Identification, Organization and Ownership

Collaborative Surgery Center LLC was formed in the summer of 2021 with a community-based mission to provide Vermonters with a low-cost, high-quality option to access needed outpatient surgical procedures by obtaining a CON to own and operate the Collaborative Surgery Center, a multi-specialty ambulatory surgery center in Chittenden County. The founding managers of the company are Amy Cooper, Elizabeth Hunt and Susan Ridzon who are primarily responsible for planning the project, in consultation with local physicians. The founding members, Susan Ridzon and Elizabeth Hunt are the current owners of the project, each owning 50 percent of the shares outstanding in the company. The company plans to offer additional shares in the company to physician owners, each of whom will own a minority stake in the company once a Certificate of Need is granted. There will be no overlapping owners between CSC and the Green Mountain Surgery Center.

Mrs. Hunt is the Operations Manager and Business Office Manager for the Green Mountain Surgery Center. Prior to that, she spent several years working in clinical roles within The University of Vermont Health Network in the radiology department (RT (R)(CT)) and for Stryker Orthopedics, the country's largest supplier of operating room implants and surgical

⁵⁵ *Right-Sizing Health care: The Migration of Non-Acute Care to Outpatient Settings*, *Avanza Health care Strategies* (last visited July 12, 2021), <https://avanzastrategies.com/right-sizing-healthcare/>.

⁵⁶ MEDICARE PAYMENT ADVISORY COMMISSION (MPAC), REPORT TO THE CONGRESS: MEDICARE PAYMENT POLICY 139 (Mar. 2021).

equipment. Mrs. Hunt holds a BS in Health Care Administration from Champlain College, AS in Radiography and an AS in Architectural Building Engineering Technology.

Ms. Ridzon is the current Executive Director of Healthfirst Inc., Vermont's independent practice association. Ms. Ridzon has a MS from Case Western Reserve University and has worked in health care for almost three decades. She has held roles in clinical research, quality improvement, population health, and health care reform, and has viewed the system from clinician, payer, governmental and provider perspectives.

Ms. Cooper is the CEO of Green Mountain Surgery Center and former Executive Director of the Accountable Care Coalition of the Green Mountains, Vermont Collaborative Physicians LLC, and Healthfirst Inc. Ms. Cooper holds a BA from Harvard University and an MBA from the Wharton School at the University of Pennsylvania.

We believe that having a women-led company is an important aspect of the project because women still have strides to make in gaining equal access to opportunities and equivalent pay scales as men nationally, and here in Vermont. Having a women-managed business in the health care sector is very beneficial because most of the health care workforce, from nurses to technicians, are female. As we have seen, a women-owned or women-managed business can be particularly adept at creating a working environment that is sensitive to female employees' needs and requirements.

The Green Mountain Surgery Center, run by a female CEO and four female senior managers, has adapted its working culture to support working mothers' schedules and to support mothers re-entering the workforce from breaks away to have children or attend to other family or care-giving needs. The Green Mountain Surgery Center has, specifically: offered a nurse whose license had lapsed due to time away from the workforce the opportunity to complete her clinical hours at the center to regain her license, and then offered a per diem schedule for employment that flexed with the needs of her family; has installed a breast-feeding pod from local company Mamava in the waiting room to support the needs of employees and patients who require access to a private space for breastfeeding; and, routinely holds management meetings to build future hourly working schedules, and adjust start and ending times, with the particular needs of single-mother employees, or those with other particular health or family-based scheduling requirements in mind.

Colchester Real Estate Company will own the land and building on which the facility sits. Colchester Real Estate Company will own one section of the land parcel that the existing building to be used for CSC sits on and GMSC's landlord owns the other section of the land parcel. The land parcel has been divided by the town of Colchester into 2 condoized-sections. After consultation with CMS Life Safety experts, the plan regarding sharing of space with Green Mountain Surgery Center has been revised since the Letter of Intent. We plan to share what is permissible with the proper service agreements in place: existing vacuum pump, medical gas, and possibly generator capacity.

E. Charitable Foundation

A distinguishing feature of Collaborative Surgery Center is the intent to distribute 50 percent of its profits to a charitable foundation. The sole intention of forming the Foundation is to give back to the community in a way that will improve the health care system for all Vermonters. Having been involved in Vermont's efforts at transforming the health care system since the state was awarded the Federal State Innovation Grant (SIM) in 2013, CSC's managers have seen the difficulties inherent in trying to make meaningful changes to the system while also continuing to offer the critical daily health care services that Vermonters require. For instance, the question of how to get more funds to sustainably support primary care services and initiatives has been a challenge within health care reform since the beginning. Solving such funding problems is critical to improving population health. We believe that by reinvesting half of the profits from CSC into the primary care community, and/or other areas integral to population health and the improvement of the health care system, we will be helping the state to solve key health reform challenges.

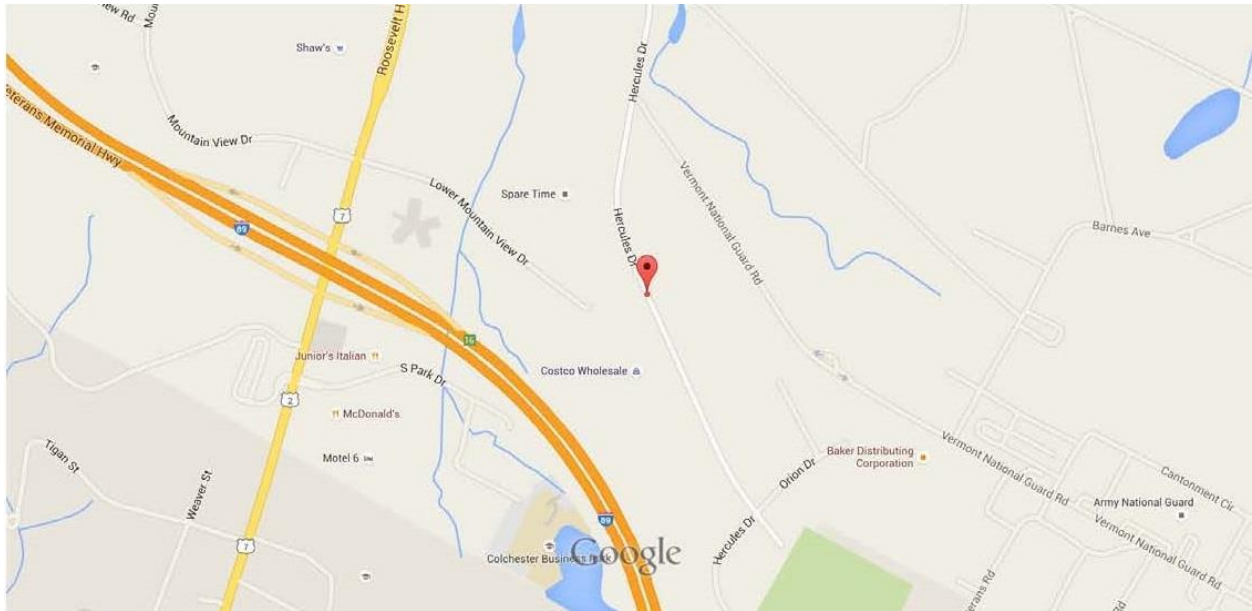
The Collaborative Community Foundation (CCF) will be organized as a private foundation that will issue grants to other charitable organizations. It will be a separate entity from CSC and will be structured as required by IRS rules. The Foundation will have a board of trustees that is a distinct from the governing board of the CSC. The intention would be to issue grants to other Vermont organizations who are involved in supporting or delivering health care related services that are needed in the community, such as, but not limited to, primary care, mental health, and/or child counseling services. CCF's board of trustees will identify community needs in a thoughtful way such as consulting the local Community Health Needs Assessment results, health care reform-related assessments and legislative/regulatory reports, and/or surveys of local health care providers or patients.

F. Facility Location

The Collaborative Surgery Center will lease space at 525 Hercules Drive from the Colchester Real Estate Company. This entity holds an option to purchase the existing 525 Hercules Drive building, the majority of which is planned to be fit up to accommodate CSC's operations. Colchester Real Estate Company will require as a condition of the lease that the CSC deliver an unrestricted, multi-specialty Certificate of Need that allows CSC to perform all procedures in orthopedic, dental, ENT and urology specialties that are allowed by Medicare to be performed at an ASC.

The property is conveniently sited just off I-89, and is proximate to several other health care resources, such as the offices of many independent physician offices and various medical offices of the UVM Medical Center. The ASC will be a short ten-minute drive from Burlington, and only five minutes from neighboring Winooski. It will be accessible by CCTA and SSTA, and will offer plentiful, easy parking access.

Figure 5



G. Facility Design, Lease Provisions and Project Cost

Collaborative Surgery Center will lease space within the existing medical building located at 525 Hercules Drive in Colchester. This property is currently owned by LR&W, LLC. The Colchester Real Estate Company has rights to execute an option to purchase 525 Hercules Drive and has agreed to lease terms via a Letter of Intent with the CSC. The option and Lease are contingent upon the CSC receiving an unrestricted, multi-specialty Certificate of Need that allows the CSC to perform all orthopedic, dental, ENT and urology procedures allowed by Medicare to be performed at an ASC.

The leased premises will consist of approximately 9,016 square feet of interior space and will include four 500-550 square foot operating rooms, and 12 pre-operative/post-operative beds. The facility will include a nurse's control station, ancillary storage, office, and related space to support the daily operations of the center. Collaborative Surgery Center will be connected to the Green Mountain Surgery Center by a corridor and will have an operating agreement with Green Mountain Surgery Center to utilize already installed capacity that can be provided to the new distinct surgery center per CMS regulations, such as medical gas access, vacuum pump facility, or shared generator capacity. The purpose of this shared space is to reduce overall project spend and redundancy in health care settings. A floorplan of the proposed ASC is submitted with this Application as **Exhibit 3**.

Under the lease, the annual rent for the space is estimated to be \$64 per square foot for the first lease year, which base amount includes significant tenant fit-up costs fronted by the landlord and amortized over a ten-year period (as described below). The rent will increase by three percent annually during the lease term. The lease will have an initial term of ten years, and Collaborative Surgery Center will have the option to renew the term for an additional ten-year period for a rent to be determined by good faith negotiations between the landlord and Collaborative Surgery Center.

The landlord will front the initial cost of fitting up the interior of the office building for use as an ambulatory surgery center. Collaborative Surgery Center will reimburse the landlord for such costs over the initial term of the lease. The total construction budget for fitting up the interior of the building for Collaborative Surgery Center's use is \$2.4 million. An itemized summary of the interior fit-up construction budget is set forth in **Table 2**:

Table 2

Project: Collaborative Surgery Center **Date:** 12-Jul-21
Desc: Colchester, VT **S/F:** 9,016

COST SUMMARY		Cost / SF
Division 02 - Demolition -	\$5.50	\$49,588.00
Division 02 - Sitework & Utilities	\$6.50	\$58,604.00
Division 03 - Concrete	\$1.98	\$17,851.68
Division 04 - Masonry	\$2.35	\$21,187.60
Division 05 - Steel, Miscellaneous	\$2.33	\$21,007.28
Division 05 - Steel, Structural	\$3.83	\$34,531.28
Division 06 - Carpentry	\$5.25	\$47,334.00
Division 06 - Millwork	\$8.25	\$74,382.00
Division 07 - Thermal & Moisture Protection	\$4.25	\$38,318.00
Division 08 - Doors & Hardware	\$11.00	\$99,176.00
Division 08 - Glass & Glazing	\$3.50	\$31,556.00
Division 08 - Specialty Doors	\$1.68	\$15,146.88
Division 09 - Acoustic Ceiling Tile & Grid	\$7.15	\$64,464.40
Division 09 - Carpet & Resilient Flooring	\$6.85	\$61,759.60
Division 09 - Ceramic Tile & Stone	\$0.85	\$7,663.60
Division 09 - Studs & Drywall	\$28.50	\$256,956.00
Division 09 - Painting & Wallcovering	\$4.82	\$43,457.12
Division 10 - Specialties - Bathrooms	\$0.65	\$5,860.40
Division 10 - Fire Extinguishers & Cabinets	\$0.30	\$2,704.80
Division 10 - Wall protection	\$1.25	\$11,270.00
Division 10 - Cubicle Curtains & Track	\$1.35	\$12,171.60
Division 10 - Lockers & Benches	\$1.19	\$10,729.04
Division 10 - Specialties & Accessories	\$0.25	\$2,254.00
Division 12 - Furnishings - Window Blinds	\$0.48	\$4,327.68
Division 12 - Signage	\$0.33	\$2,975.28
Division 21 - Fire Suppression	\$4.75	\$42,826.00
Division 22 - Plumbing	\$18.00	\$162,288.00
Division 23 - HVAC	\$58.50	\$527,436.00
Division 26 - Electrical	\$28.33	\$255,423.28
Sub Total of Construction	\$219.97	\$1,983,249.52
Division 17 - General Conditions	6.00%	\$118,994.97
Division 17 - Contingency	12.00%	\$252,269.34
Division 17 - Market Inflation	7.80%	\$28,958.62
Division 17 - GC OH&P	8.00%	\$29,701.14
Total of Construction	\$267.65	\$2,413,173.59

H. Staffing

The Collaborative Surgery Center plans to open with a staff of 25 FTEs. The staff is anticipated to include 15 registered nurses or medical assistants, four surgical technologists, and three administrative and clerical staff. A fulltime Administrator, who will be under the direct supervision of the Board of Managers, will have day-to-day management responsibilities for the ASC. A clinical nurse manager who will manage clinical staff and a business manager who will manage administrative and clerical staff and business office processes. The Administrator will collaborate with a physician Medical Director, appointed by the Collaborative Surgery Center's Board of Managers, who will be responsible for clinical operations. The staff will maintain valid clinical licenses and CPR, ACLS (Advanced Cardiac Life Support) and/or BCLS (Basic Cardiac Life Support) certifications where required under federal or state law. The Collaborative Surgery Center will augment and support staff by contracting with outside experts when needed. Please see **Table 9** for staffing projections.

The Collaborative Surgery Center will develop an annual staff in-service program and will provide comprehensive initial and on-going training opportunities to ensure that the staff is continually informed and educated on issues related to their job responsibilities as well as industry trends and best practices (including evidence-based practices). The ASC will contract with hospitals and licensed providers in the area to provide needed diagnostic and clinical support services such as pharmacy, transfer agreement, laboratory, pathology, and x-ray.

The anticipated staffing plan for the Collaborative Surgery Center is in line with industry standards and complies with Medicare and ASC independent accrediting bodies standards.

I. Scope of Services

The Collaborative Surgery Center will be a multi-specialty ASC that provides elective, non-emergent ambulatory surgical procedures.⁵⁷ The Center will only host procedures that are not expected to pose a significant safety risk to a patient when performed in an ASC, and for which standard medical practice dictates that the beneficiary would not typically be expected to require active medical monitoring and care at midnight following the procedure.⁵⁸ Due to interest from surgeons and patients in an ASC that offers lower costs, easier scheduling and greater efficiency for non-emergent surgeries and procedures than alternative sites of care, we anticipate the Collaborative Surgery Center will see a strong demand to provide operating time for physicians working across many specialties.

⁵⁷ An unanticipated medical circumstance may arise that would require an ASC patient to stay in the ASC longer than 24 hours, but such situations should be rare.

⁵⁸ 42 C.F.R. § 416.166.

Of the over 5,700 licensed ambulatory surgery centers in the U.S.,⁵⁹ over half provide more than one type (specialty) of surgery. Multi-specialty surgery centers are cost effective and convenient for communities, allowing for all different specialties to share in one location, minimizing the construction, capital, and overhead costs of performing surgery and avoiding a duplication of facility, staffing and operating costs.

The proposed ambulatory surgery center will house four fully equipped operating rooms along with supporting pre-operative, post-operative and PACU areas and other required support space and design elements. It is anticipated that the Center will be open Monday through Friday from 6:30 a.m. to 4:00 p.m. Saturday and evening hours will be considered if demand warrants.

Many CMS-approved procedures that will be performed at the Collaborative Surgery Center first require the authorization of a patient's primary care provider, plus the surgeon and, where general, regional, or local anesthesia is indicated, the approval of the Center's anesthesia provider. Patients with an American Society of Anesthesiologists (ASA) classification of I ("A normal healthy patient") and II ("A patient with mild systemic disease") will be seen at the Center, after being cleared for surgery by the requisite provider(s). The Center may also accept certain patients with an ASA classification of III ("A patient with severe systemic disease") on a case-by-case basis, only after having been cleared for surgery by their primary care provider, the surgeon, and the Collaborative Surgery Center's anesthesia provider. Patients who are clinically high-risk as assessed by their primary care and specialty care providers due to the presence of co-morbidities, very advanced age, or other factors will have their procedures scheduled at a local hospital that is equipped to deal with complex cases.

The Collaborative Surgery Center will not make determinations on whether to accept a patient based on the patient's reimbursement status (insured vs. uninsured) or ability to pay. Rather, the decision whether to accept a patient will be based upon the patient's condition and medical needs. The Center will accommodate both self-pay patients as well as patients with little or no resources for payment.

Only physicians and allied professionals that are credentialed members of the Collaborative Surgery Center and have been granted privileges at the Center will be allowed to provide medical surgical services at the Center. A Medical Director, appointed by the Collaborative Surgery Center's Board of Managers, will be responsible for overseeing the quality of medical care. The staff, as explained in Section I.H. of this Application, will include licensed registered nurses with Basic Cardiac Life Support (BCLS) and/or Advanced Cardiac Life Support (ACLS) certifications. The ASC will contract with hospitals and licensed providers in the area to provide all needed diagnostic and clinical support services such as pharmacy, laboratory, transfer, pathology, and x-ray.

If anesthesia is indicated, patients will be required to be seen by a representative of the anesthesia service supporting the Collaborative Surgery Center. All patients will receive both a

⁵⁹ Dyrda, Laura. *The Number of ASCs in the US: A State by State Breakdown*, BECKER'S ASC REVIEW (June 19, 2020), <http://www.beckershospitalreview.com/hospital-management-administration/how-many-licensed-ascs-are-in-your-state.html>.

pre-op phone call the day before surgery (to ensure they are indeed eligible for surgery at the ASC) and post-op call the day after surgery (to follow-up on discharge instructions and report any post-operative complications). The Collaborative Surgery Center will be equipped with the required emergency equipment, including a fully stocked crash cart and malignant hyperthermia cart. Any patient with an unexpected complication during or post-surgery will be immediately transferred to an area hospital with whom it has a transfer agreement with.

J. Charge Structures and Patient Savings

A study done by KNG Health Consulting and the Ambulatory Surgery Center Association estimates that from 2011 to 2018, ASCs saved Medicare \$28.7 billion, with savings per year ranging from \$3.1 billion in 2011 to \$4.2 billion in 2018.⁶⁰ This is largely due to the reduced payments to ASCs that are on average 48 percent of what is paid to HOPDs.⁶¹ For instance, a very common procedure, like placement of ear tubes, can cost patients and Medicare up to \$671 more per procedure at a hospital outpatient department. Based on the current Medicare reimbursement rate, an ASC performing the same procedure would receive an average of \$513 as a facility fee while a hospital outpatient department would receive an average of \$1,352.⁶² The estimated average out of pocket cost to the patient would be \$134 at the surgery center versus \$302 at the hospital outpatient department.⁶³

Savings from ASCs often is significantly more for commercial payers and patients. An examination of commercial claims data found that U.S. health care costs are reduced by more than \$30 billion per year due to ASCs.⁶⁴ More than \$5 billion of the cost reduction is realized by patients through lower deductible and coinsurance payments. These savings reflect the fact that not all ASC-eligible procedures are performed in an ASC; optimal migration of all ASC-eligible procedures and patients could save an additional \$55.6 billion per year in private health care costs. For example, consider a knee replacement procedure, which, according to a Blue

⁶⁰ Ambulatory Surgery Center Association & KNG Health Consulting LLC. (2020, October). *Reducing Medicare Costs by Migrating Volume from Hospital Outpatient Departments to Ambulatory Surgery Centers*. AMBULATORY SURGERY CENTER ASSOCIATION. <https://www.advancingsurgicalcare.com/advancingsurgicalcare/reducinghealthcarecosts/costsavings/reducing-medicare-costs> (noting MedPac's 2018 *Report to the Congress* citing an average of 48 percent in payment reductions to ASCs when compared to HOPD rates for top 20 CPT codes performed)

⁶¹ McMillan, D., Long, D., & Payne, A. *HOPD vs ASC: Understanding Payment Differences*. Healthcare Financial Management Association. (April 1, 2019) <https://www.hfma.org/topics/hfm/2019/april/hopds-vs--asc--understanding-payment-differences.html>

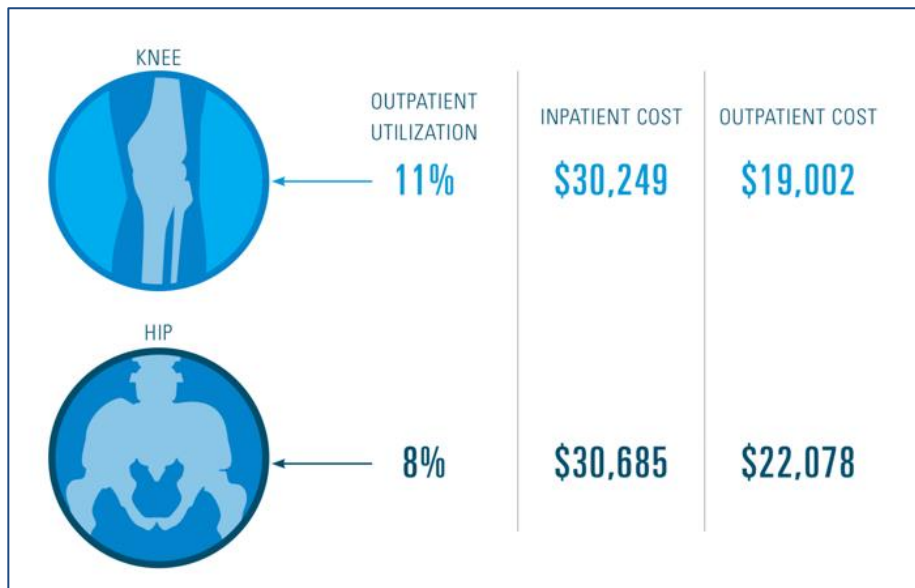
⁶² MEDICARE.GOV PROCEDURE PRICE LOOKUP. <https://www.medicare.gov/procedure-price-lookup/> (Last accessed 07/02/2021)

⁶³ *Id.*

⁶⁴ Health Care Bluebook, Ambulatory Surgery Center Association, & HealthSmart. *Commercial Insurance Cost Savings in Ambulatory Surgery Centers*. Last accessed June 3, 2021 from www.ascaassociation.org at <https://www.ascaconnect.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=829b1dd6-0b5d-9686-e57c-3e2ed4ab42ca&forceDialog=0>

Cross Blue Shield report, is being increasingly performed nationally and in Vermont.⁶⁵ The same report addressed the price differential between hospitals and community settings for commercial payers. As shown in **Figure 6**, the average ASC price for a knee replacement was \$19,002 versus \$30,249 for in an inpatient setting⁶⁶, a 37 percent difference. Similar price differences were noted for hip replacements.

Figure 6: Outpatient Utilization and Cost by Setting of Care, 2017



The proposed ASC will have inherent cost advantages over the surgical options at the local tertiary care hospital. It will have low building and equipment overhead due to its size and the relatively low complexity of the cases being performed in the facility. Single-shift and cross-trained staffing costs tend to be lower than hospital-based staffing. The concentrated operational emphasis promotes quality of care, high staff expertise, focus and efficiency. Also, because all cases performed at the proposed Collaborative Surgery Center will be scheduled in advance and non-emergent in nature, there is no need for the redundancies in supplies, equipment and staffing that are typically required in a tertiary facility that must be prepared for emergencies and open 24/7.

The Center will not employ the surgeons on the medical staff. It will not lease its operating rooms to physicians. Its billings, income, and expenses will be totally separate from those of the surgeons who will perform surgical cases there. The ASC's charges for surgery, which include room time, medications, and recovery, will be separate and independent of the surgeons' and/or

⁶⁵ BlueCross BlueShield. (January 23, 2019). *The Health of America Report- Planned Knee and Hip Replacement Surgeries Are on the Rise in the U.S.* Last accessed July 19, 2021 <https://www.bcbs.com/the-health-of-america/reports/planned-knee-and-hip-replacement-surgeries-are-the-rise-the-us>

⁶⁶ *Id.*

anesthesiology providers' professional charges for performing the surgeries.⁶⁷ Therefore, unless otherwise stated, any financial comparisons to hospitals provided in this application are facility-to-facility cost comparisons. They do not include physician/surgeon charges. Surgeons' fees are not relevant, being identical in both settings.

The Collaborative Surgery Center's operational differences will allow it to offer lower charge structures and lower-cost contracts with insurers than hospitals would find feasible to accept. The proposed Center will be price-competitive with similar facilities in Vermont and adjoining states and will give patients and payers (including governmental payers) significant savings compared to what they are currently required to pay hospitals in connection with the same cases, by the same doctors, on the same patients.

We can quantify cost savings for Medicare patients since the ASC payment rates are set as a percentage of the current rate that hospitals are paid for the same procedure. Simply stated, future cases that can be performed in a freestanding ASC versus a hospital-owned outpatient department will save Medicare 48 percent on average.⁶⁸ Since most private insurers set their outpatient surgery rates based on a percentage of the current Medicare rates, we anticipate a similar, if not greater, savings to be passed on the private insurers and their patients. Patients without insurance coverage will be welcome at Collaborative Surgery Center, where their patient charge will also be less than what would be required for elective surgery at a hospital. Also, qualified patients with little means will be able to receive the Collaborative Surgery Center's services at a discount or free of charge under the Center's charity care policy, an initial draft of which is included in **Exhibit 4** to this Application.

It is difficult to quantify the total cost savings across all payers for the cases we anticipate being performed at the proposed Collaborative Surgery Center since there continues to be limited price transparency for commercial payment rates to hospitals. However, as described in section I.B.1., Green Mountain Surgery Center saved the health care system over \$6 million in 2020 compared to the price it would have cost if the same procedures had been performed at the local hospital. The bulk of the savings, \$5.3 million, was realized by commercial payers. Medicare savings was an estimated \$1 million and Medicaid savings an estimated \$330,000.⁶⁹ It is reasonable to expect that CSC would produce similar savings, and possibly more, depending on the mix of procedures being performed.

⁶⁷ The surgeons' and anesthesiology providers' charges will not be collected by the Collaborative Surgery Center unless the surgeons, anesthesiologists and the Center enter into any global (i.e., complete service) pricing arrangements.

⁶⁸ McMillan, D., Long, D., & Payne, A. *HOPD vs ASC: Understanding Payment Differences*. HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION. (April 1, 2019) <https://www.hfma.org/topics/hfm/2019/april/hopds-vs--asc--understanding-payment-differences.html>

⁶⁹ Based on an analysis ran by Green Mountain Surgery Center for all cases performed by CPT code for the 2020 calendar year and comparing the fee schedule by CPT to the HOPD OPDS schedule and adjusting conservatively for commercial payer analysis.

To illustrate the savings CSC will bring to both patients and payers, we have chosen five representative procedures that we anticipate will regularly be performed at the proposed ASC and compared the proposed Center’s hypothetical Medicare reimbursement to a hospital’s Medicare reimbursement for the procedures. The savings are illustrated in **Table 3**. The savings range from over \$990 on the low end, to over \$4,000 on the high end, per case.⁷⁰ Again, although this data is only for the Medicare cases, we anticipate savings to insurers, who often use Medicare’s reimbursement rates as a basis for their own, and to patients who will benefit from reduced out-of-pocket costs.

Table 3

**COLLABORATIVE SURGERY CENTER
MEDICARE SAVINGS - SELECTED SURGICAL CASES**

CPT CODE	CPT - SHORT DESCRIPTION	ASC MEDICARE RATE	HOPD MEDICARE RATE	MEDICARE SAVINGS PER CASE
69421	ENT- MIDDLE EAR PROCEDURE	\$1,082	\$2,736	\$1,654
29827	ORTHO- ROTATER CUFF REPAIR	\$2,929	\$6,264	\$3,335
58558	GYN -HYSTEROSCOPY, BIOPSY	\$1,298	\$2,623	\$1,325
27698	ORTHO- ANKLE LIGAMENT	\$2,929	\$6,264	\$3,335
52352	URO - CYSTOURETHROSCOPY	\$1,395	\$3,076	\$1,681
27443	ORTHO - PARTIAL KNEE	\$8,214	\$12,314	\$4,100
29888	ORTHO – ACL REPAIR	\$4,035	\$6,264	\$2,229
55250	URO/GEN – VASECTOMY	\$796	\$1,792	\$996

K. Utilization, Revenues and Profitability

Our revenue projections are based on our case volume projections, which show an annual rate of case growth between five percent and eight percent. This base-case growth rate attempts to capture the continued shift of surgical cases from the inpatient to outpatient setting, which we assume will accelerate even from past trends, particularly if CMS continues to pursue retirement of the inpatient-only procedure. Assuming an initial case volume of 1,840 cases in Year 1, this equates to 1,943 cases in Year 2, 2,103 cases in Year 3 and 2,269 cases in Year 4.

To estimate reimbursement per case we relied on Medicare pricing data and data from VMG Health's 2018 Multi-Specialty ASC Benchmarking Study which reports estimated net patient revenue per case figures for multi-specialty ASCs. We used an annual price inflator of 2.0

⁷⁰ MEDICARE.GOV PROCEDURE PRICE LOOKUP. <https://www.medicare.gov/procedure-price-lookup/> (Last accessed 07/02/2021)

percent per annum and applied it to revenue per case for the four years of revenue projections shown. The payer mix based on case volume for Collaborative Surgery Center is estimated to be 30 percent Medicare, 12 percent Medicaid, 53 percent Commercial and 5 percent Self-Pay. These estimates come from the American Medical Association's 2017 Physician Benchmark Survey and local health care market experience.

A blended reimbursement rate of 135 percent of Medicare was utilized for non-Medicare payers. Most commercial payers nationally reimburse ASCs at a rate higher than the published CMS rate but based on the current CMS rate.

The expense assumptions incorporated start-up, operating, facility, economic, equipment, and staffing costs from comparable ASCs. The benchmark sources included VMG Health's 2018 Multi-Specialty ASC Benchmarking Study, Becker's ASC Review, the Ambulatory Surgery Center Association's Quarterly Benchmarking Survey, MedPac, and the planner's own knowledge of local health care expenses.

In submitting this Application, we are mindful of the concerns that have been raised as to whether ASCs increase utilization of health care. The concern that the addition of a facility increases utilization is in our case counterbalanced by the fact that the Collaborative Surgery Center would be only one of two multispecialty ASCs operating in the entire state and by the fact that current outpatient surgical resources in Chittenden County are insufficient. Another important consideration is that an increase in frequency is a natural result of expanded access to health care, which is one of Vermont's fundamental goals of health care reform and a key criterion for obtaining a Certificate of Need. Our ASC will expand access to health care (as described in greater detail elsewhere in this application) consistent with these goals, and the causal result of doing so will be some increase in utilization of health care. Finally, to the extent that utilization increases due to expanded access to health care, the aggregate costs to the health care system will nevertheless be reduced due to this project, as the cost savings of an ASC as compared to hospital-based services will more than offset any modest increase in utilization. A study done by KNG Health Consulting and the Ambulatory Surgery Center Association estimates that from 2011 to 2018, ASCs could have saved \$4.2 billion dollars to Medicare if all CMS approved cases were done in an ASC setting. The same study projects that there will be a possible \$12.2 billion in savings to Medicare by 2028.⁷¹

L. Staffing Policies and Procedures

Collaborative Surgery Center is developing appropriate and compliant policies, procedures, and processes for the proposed Collaborative Surgery Center. All applicable standards required by CMS and the accreditation bodies will be adopted by the Collaborative Surgery Center to ensure compliance with all required regulations and statutes, and that the care provided at the ASC will

⁷¹ Ambulatory Surgery Center Association & KNG Health Consulting LLC. (2020, October). *Reducing Medicare Costs by Migrating Volume from Hospital Outpatient Departments to Ambulatory Surgery Centers*. AMBULATORY SURGERY CENTER ASSOCIATION. <https://www.advancingsurgicalcare.com/advancingsurgicalcare/reducinghealthcarecosts/costsavings/reducing-medicare-costs>

be of the highest quality. The Center will adopt industry-standard policies and procedures in the following areas:

- Governance
- Patient Rights
- Compliance
- Administration
- Quality Management
- Clinical Records
- Facilities and Environment
- Infection Prevention and Control and Safety
- Anesthesia Services
- Surgical Services
- Human Resources/ Employee Health
- Charity Care

II. CONSISTENCY WITH THE HRAP CON STANDARDS

CON STANDARD 1.2: Applicants seeking to expand or introduce a specific health care service shall show that such services have been shown to improve health. To the extent such services have been the subject of comparative effectiveness research, an applicant shall show that the results of this research support the proposed project.

The proposed Collaborative Surgery Center would expand affordable outpatient surgery service options available in Chittenden County and would help to decrease wait times for non-emergency yet necessary surgery. As outlined in a 2020 Green Mountain Care Board report, long wait times exist in Vermont for many specialties including cardiology, urology, orthopedics, and ears, nose, and throat (ENT)⁷². Waiting months for necessary surgery is not without harm as the authors of a 2020 article in *Annals of Surgery* note: “the burden of disease continues to accumulate while patients await surgery. Progression is a key feature of many surgical diseases, and delays in treatment result in worse outcomes and higher mortality for patients across a broad spectrum of diseases.”⁷³ The project will improve population health in that it will offer timely access to necessary surgical procedures, helping to avoid the increased morbidity, mortality and cost associated with delayed surgical procedures. The Collaborative Surgery Center also would help fulfill a GMCB-identified strategy to reduce wait times that includes improving referrals and contracting services with other health care organizations.

Vermonters with conditions requiring common procedures such as rotator cuff repairs, anterior cruciate ligament (ACL) reconstruction, and treatment for kidney stones and bladder control often must wait weeks or months for such treatment. Delays of such treatments can result in unnecessary pain and concomitant potential opioid addiction, disability, and depression. Surgical delays also increase workers’ compensation and disability claim costs and patients may be out of work longer than is necessary than if they were able to get quick access to surgical treatment. There also are additional medical and pharmaceutical costs associated with managing a condition while waiting for surgery. Timely access to such treatments at the CSC will help to limit progression of disease and improve patients’ quality of life, both physically and mentally, while reducing the many costs associated with delayed care.

In addition, the performance of outpatient surgery services by ASCs has been linked to improved health outcomes for patients.⁷⁴ For instance, a study in *Health Affairs*, a leading peer-reviewed journal of health policy thought and research, found that, controlling for patient characteristics, ASCs performed procedures faster than did hospital outpatient departments, and also reported

⁷² GREEN MOUNTAIN CARE BOARD. (June 2019). *FY2020 Hospital Budgets Non-Financial Reporting*. https://gmcbboard.vermont.gov/sites/gmcb/files/FY_2020_Hospital_Budgets_Non-Financial_Report.pdf

⁷³ Fue, Sue J; George, Elizabeth L; Maggio, Paul M; Hawn, Mary; Nazerali, Rahim. *The Consequences of Delaying Elective Surgery: Surgical Perspective*. *ANNALS SURGERY* 2020 Aug; 272(2): e79–e80.

⁷⁴ Grisel, Jed; Arjmand, Ellis. *Comparing Quality at an Ambulatory Surgery Center and a Hospital Based Facility: Preliminary Findings*, 141(6) *OTOLARYNGOLOGY-HEAD AND NECK SURGERY*. 701-709 (Dec. 2009). (see page 701, compared performance at an ASC with a hospital-based facility and concluded that the ASC generally outperformed the hospital-based facility).

better health outcomes for their patients than did hospitals, holding patient risk constant.⁷⁵ Elsewhere the authors of the study found that high-risk patients treated in an ASC were less likely to be admitted to an inpatient hospital within zero, seven, or 30 days of outpatient surgery.^{76 77} In addition, patient surveys indicate an impressive 92 percent satisfaction rate with both the care and service they receive from ASCs.⁷⁸

⁷⁵ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) HEALTH AFFAIRS. 765-767 (May 2014).

⁷⁶ Munnich, Elizabeth L; Parente, Stephen T. *Returns to Specialization: Evidence from the Outpatient Surgery Market*, Volume 57 JOURNAL OF HEALTH ECONOMICS. 147-167 (January 2018).

⁷⁷ Mezei, Gabor; Chung, Frances. *Return Hospital Visits and Hospital Readmissions After Ambulatory Surgery*, 230(5) ANNALS OF SURGERY 721-727 (Nov. 1999)

⁷⁸ *Ambulatory Surgery Centers: A Positive Trend in Health Care*, AMBULATORY SURGERY CENTER ASSOCIATION (ASCA) 3 (Last accessed July 12, 2021)
<https://www.ascassociation.org/advancingsurgicalcare/aboutascsc/industryoverview/apositivetrendinhealthcare>

CON STANDARD 1.3: To the extent neighboring health care facilities provide the services proposed by a new health care project, an applicant shall demonstrate that a collaborative approach to delivering the service has been taken or is not feasible or appropriate.

UVM Medical Center Main Campus presently offers outpatient surgical services in Chittenden County and other local hospitals also offer outpatient surgical services outside of Chittenden County. In establishing the state's second multi-specialty ambulatory surgical center, we intend to become an integrated part of the state's health care system and to collaborate and cooperate with hospitals and other health care providers to improve the patient experience within the health care system, to alleviate pressure on area hospital operating rooms and procedure rooms, to improve health outcomes for Vermonters, and to reduce health care costs. With the recent closure of UVM Medical Center Fanny Allen building, the greater Chittenden County community lost the capacity of five operating rooms and two procedure rooms. It is known that the Fanny Allen Campus hosted between five and 30 surgery cases per day on an outpatient basis which has since been widely unaddressed in the health care community. We believe that there is ample opportunity to work with willing hospitals to coordinate care and to provide patients with meaningful choice to ensure that patients are seen at the appropriate time in the appropriate setting and in a setting in which the patient is comfortable.

We also believe, to the extent that UVM Medical Center is planning its own outpatient facility with operating rooms, Collaborative Surgery Center and a new hospital-owned facility will be complementary to each other, and both necessary additions to the local health care landscape for the future. There are many reasons for this complementarity. First, CSC will attract and serve community-based independent surgeons, whereas the hospital-owned facility will attract primarily employed-surgeons with academic interests. When CSC is operational it may also serve as an alternative site for surgery for UVM Medical Center employed-surgeons whose patients' needs can be met faster and more effectively in the smaller, more private ASC-setting (CSC's planners have already had conversations about this possibility with UVM Medical Center leadership). Furthermore, in the event of another wide-scale unanticipated event, such as a global pandemic or an extensive IT security problem that affects health care operations, outpatient surgeries will be able to proceed without interruption if there are multiple complementary accessible locations for patients to access outpatient surgery. Lastly, with the addition of two new outpatient facilities to the greater Burlington area, Vermonters will benefit from having more choices for where to receive their care; this is critically important as each patient has unique needs and requirements. Health care services are, above all, personalized to each individual patient, and therefore fundamentally different than other public services with similarly high infrastructure costs, such as broadband access, water, or heating that can be more readily commodified and delivered efficiently and uniformly at scale, the same exact product or experience to each individual.

Many other communities that support tertiary-care academic medical centers in New England also support ASCs within the same community. Of note is Portland, Maine, a city with an

estimated population of approximately 66,000,⁷⁹ and to which Burlington is often compared in terms of demographics and size. It hosts the Maine Medical Center as well as six ASCs: Intermed Surgery Center, Orthopedic Surgery Center, Maine Eye Center, Portland Endoscopy Center, Eyecare Medical Group, and Western Avenue Day Surgery Center. The tertiary care center offers specialized services for complex patients and more routine procedures for lower acuity patients who prefer hospital care while the local ASCs offers lower cost, more convenient and less imposing environments for residents to access routine surgical care. Each entity plays a role and makes its unique contribution to the health care system.

With respect to the Collaborative Surgery Center, when a patient presents complex health conditions that are most appropriately addressed at the state's academic medical center or one of the other local hospitals, the patient would be referred to the appropriate hospital. Similarly, local hospitals may find it beneficial to have the option of referring certain patients to specialists performing surgeries at the proposed Collaborative Surgery Center when their operating or procedure rooms are stressed and delays in performance of the procedure could exacerbate a health condition, pose risk of a health condition worsening or lead to other adverse health outcomes or patient dissatisfaction. The Collaborative Surgery Center would welcome such collaboration with the hospitals.

Decades ago, when ASCs first started to appear, the relationship between hospitals and physician-owned ASCs was often tense or competitive. That has long since changed, and throughout the nation the relationship between ASCs and local hospitals is now one of co-existence and collaboration. For instance, the Lighthouse Surgery Center in Hartford, Connecticut is a joint venture between Saint Francis Hospital, the Lighthouse Surgeons and Woodland Anesthesiology Associates. Weymouth Endoscopy is an ASC in Weymouth, Massachusetts that is "affiliated exclusively with South Shore Hospital."⁸⁰ And Concord Endoscopy Center, an ASC located in Concord, New Hampshire, is a joint venture between Concord Gastroenterology, Mary Hitchcock Concord and Concord Hospital. We hope and expect that our proposed ASC will be yet another example of hospital-ASC cooperation and collaboration.

The proposed Collaborative Surgery Center also intends, and will use good faith efforts, to enter into transfer agreements with UVM Medical Center Main Campus to coordinate the transfer of its patients in emergency situations, as further described in CON STANDARD 3.17. In addition, we expect that many, if not all, of the physicians utilizing the Collaborative Surgery Center will continue to perform procedures at UVM Medical Center and other area hospitals, primarily depending on the needs of the patient and the physician. We would also be interested in pursuing opportunities to collaborate with UVM Medical Center or other local hospitals on physician training and education.

⁷⁹ *State & County QuickFacts: Portland (city), Maine*, U.S. CENSUS BUREAU, (last assessed June 7, 2021), <http://quickfacts.census.gov/qfd/states/23/2360545.html>.

⁸⁰ *About Weymouth Endoscopy*, WEYMOUTH ENDOSCOPY (last visited July 13, 2021), <https://www.weymouthendoscopy.com/about-us/>

Finally, Collaborative Surgery Center will donate half of its distributable profits to its associated foundation whose mission will be geared towards improving community health care. Participating organizations will receive grants to serve their community more broadly by investing in ways that will improve Vermont's health care system. This is a unique and clear demonstration of intent to collaborate with community health care partners to create a better overall health care environment for Vermonters, not limited to improvements in access and affordability.

CON STANDARD 1.4: If an application proposes services for which a higher volume of such service is positively correlated to better quality, the applicant shall show that it will be able to maintain appropriate volume for the service and that the addition of the service at the facility will not erode volume at any other Vermont facility in such a way that quality at that facility could be compromised.

We do not believe that our application proposes services for which there is *unique* positive correlation between volume and quality, such as posterior fossa decompression. Rather, the Collaborative Surgery Center would offer routine outpatient procedures not requiring an overnight stay and that can be performed safely in an efficient and high-quality ASC setting which offers these procedures at a lower reimbursement than HOPD reimbursement.

While there is a demonstrated positive correlation between quality and surgical volume,⁸¹ as is true with most activities (thus, the familiar adage that practice makes perfect), we do not anticipate that the proposed Center would have a material impact on volumes at any other Vermont facility, and certainly no impact that would threaten quality at any such facility. Viewing the impact at the most general level, our survey of peer-reviewed studies on PubMed indicates a reduction of between two to five percent in outpatient surgeries performed at the local hospital when an independent ASC opens in the market.^{82 83} Even a five percent drop in volume at the UVM Medical Center would leave the hospital with enough routine outpatient procedures so as not to erode quality.

Furthermore, a drop in volume of procedures performed at the hospital does not mean that the *physicians* performing procedures at the hospital will experience any drop in volume. Rather, we expect that physician volume will remain largely unchanged because of this project. Any shift in outpatient procedures away from the hospital will result from decisions by individual physicians and their patients to perform a particular procedure at the ASC rather than at the hospital. While the hospital would lose volume, the procedure volumes of the physician performing the surgery would remain the same. Because there will be no drop in aggregate patient volume among physicians performing surgical procedures at the hospital, there should be no resulting decline in the quality of care offered by those physicians. Creating operating space for outpatient procedures will reduce the strain on area hospitals to allow more emergent and specialized cases to be done in a hospital setting where inpatient recovery is medically necessary with less of a wait time for the patient.

⁸¹ Grisel, Jed; Arjmand, Ellis. *Comparing Quality at an Ambulatory Surgery Center and a Hospital Based Facility: Preliminary Findings*, 141(6) OTOLARYNGOLOGY-HEAD AND NECK SURGERY. 701-709 (Dec. 2009).

⁸² Bian, John; Morrissey, Michael A. *Free-Standing Ambulatory Surgery Centers and Hospital Surgery Volume*, 44(2) INQUIRY 200-210 (Summer 2007) (concluded that an increase of one ASC per 100,000 was associated with a 4.3% reduction in hospital outpatient volume), https://journals.sagepub.com/doi/pdf/10.5034/inquiryjrnl_44.2.200

⁸³ Courtemanche, Charles; Plotzke, Michael. *Does Competition from Ambulatory Surgery Centers Affect Hospital Surgical Output?* 29(5) J. HEALTH ECON. 765-773. (July 15, 2010) (concluded that ASC entry only appears to influence a hospital's outpatient surgical volume if the facilities are within a few miles of each other and, even then, the average reduction in hospital volume is only 2-4 percent), <https://doi.org/10.1016/j.jhealeco.2010.07.003>

CON STANDARD 1.6: Applicants seeking to develop a new health care project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring efforts, whether within the applicant’s organization, other organizations or the government.

The proposed Collaborative Surgery Center will maintain an ongoing active, integrated, organized, peer-based quality improvement program. The center will utilize a systematic approach for performance improvement through multi-disciplinary cooperation, both internal and external. The quality improvement program activities demonstrate the systematic, “closing the loop” process. This process incorporates an improvement model that includes design, identification of problems/concerns in the care of patients; evaluation of the frequency, severity, and source of these problems/concerns; resolution measures; re-evaluation; and reporting. Using quality indicators, the plan will address clinical, administrative, cost-of-care issues and patient outcomes. The focus will be activities that affect most patients serviced and consider high-risk, high-volume, and problem-prone patients. A current draft of the Collaborative Surgery Center’s Quality Improvement Plan is included in **Exhibit 5** to this Application.

In addition, the proposed Center will comply with the Medicare conditions of participation. In accordance with 42 C.F.R. § 416.41, the CSC will have a governing body that assumes full legal responsibility for determining, implementing, and monitoring all policies governing the Center’s operation, and its governing body will have oversight and accountability for the quality assessment and performance improvement program and ensure that the Center’s policies and programs are administered to provide quality health care in a safe environment. The governing body will, among other things, oversee the CSC’s Medical Executive Committee, who shall in turn oversee the Quality Improvement Committee. The Quality Improvement Committee will implement and directly oversee the Quality Improvement Plan.

As a Medicare accredited facility, the CSC will collect and monitor health care quality and outcome data in accordance with CMS requirements and it will report to CMS annually on all quality measures specified by the Secretary of the Department of Health and Human Services. These quality measures presently include the following measures:

ASC-9 Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

ASC-11 Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery

ASC-12 Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

ASC-13 Normothermia

ASC-14 Unplanned Anterior Vitrectomy

ASC-17 Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
*ASC-18 Hospital Visits After Urology Ambulatory Surgical Center Procedures*⁸⁴

Collaborative Surgery Center's reports on quality measures will also be made available to the public on the Center's website.

⁸⁴ *ASC Quality Reporting*, CENTERS FOR MEDICARE & MEDICAID SERVICES (April 21, 2021), <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ASC-Quality-Reporting>

CON STANDARD 1.7: Applicants seeking to develop a new health care project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence-based practice guidelines and how such guidelines will be incorporated into ongoing decision making. (2005 State Health Plan, page 48.)

The proposed Collaborative Surgery Center is consistent with evidence-based practice. First, as described in our answer to CON STANDARD 1.2, empirical research concluded that ASCs perform procedures faster than hospital outpatient departments and also report better health outcomes for their patients than hospitals.^{85 86} ASCs also boast low rates of infection.⁸⁷ Thus, at the most general level, available evidence indicates that the incorporation of an ASC into Vermont's health care system should improve patient outcomes, in addition to reducing system costs.

In addition, the proposed ASC will incorporate evidence-based practices into both facility design and operation. The Collaborative Surgery Center has been designed to meet or exceed the guidelines set forth in the Guidelines for the Design and Construction of Hospitals and Outpatient Facilities, 2018 Edition, published by the FGI. The FGI Guidelines represent the industry best practices for facility architecture and design, and embody conclusions drawn from evidence-based research.⁸⁸ The FGI Guidelines are based upon the recommendations and input of health care providers, designers and regulators, and, when possible, "are performance oriented for desired results."⁸⁹ Please see **Exhibit 6** for Collaborative Surgery Centers 2018 FGI Guidelines Table.

The Collaborative Surgery Center will adopt policies to promote the use of evidence-based medicine by physicians and staff utilizing the facility. The Center's policy will be implemented and monitored by the Medical Executive Committee. Specifically, the policy will provide that the Collaborative Surgery Center will utilize nationally available resources based on scientific methods and guidelines focused on evidence-based medicine to identify evidence-based clinical care processes and incorporate those processes into its operation. A quality improvement committee, comprised of members of the Center's medical staff and operating under the

⁸⁵ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) HEALTH AFFAIRS. 765-766 (May 2014).

⁸⁶ Grisel, Jed; Arjmand, Ellis. *Comparing Quality at an Ambulatory Surgery Center and a Hospital Based Facility: Preliminary Findings*, 141(6) OTOLARYNGOLOGY-HEAD AND NECK SURGERY. 701-709 (Dec. 2009).

⁸⁷ Owens, Pamela L; Barrett, Marguerite L; Raetzman, Susan; Maggard-Gibbons, Melinda; Steiner, Claudia A. *Surgical Site Infections Following Ambulatory Surgery Procedures*, 311(7) JAMA. 709 (Feb. 19, 2014), <http://jama.jamanetwork.com/article.aspx?articleid=1829988>.

⁸⁸ See Facility Guidelines Institute's 2018 Guidelines for Design and Construction of Hospitals and Outpatient Facilities, xxvi.

⁸⁹ *Id.* at xxiii.

supervision of the Medical Executive Committee,⁹⁰ will participate in the adoption and promotion of specific evidence-based practices throughout the Collaborative Surgery Center. Evidence-based guidelines will be utilized where possible to implement patient care based on the conditions or clinical needs identified. Protocols to be utilized within the ASC include:

- Pre-visit planning;
- Clinical (practitioner-driven) and non-clinical standing orders;
- Patient education tools;
- Patient self-coordination support tools and processes including counseling for adopting health behaviors;
- Individual Care Plan development and processes to determine challenges that may be barriers to meeting treatment goals;
- Process for monitoring medication reconciliation;
- Patient-centered tools that develop resources to meet the cultural and linguistic needs of the patients and their families;
- Community resources and referrals, including identifying specialty care related to important conditions;
- Specific plans for preventing emergency room visits and hospitalizations and post-visit follow-up, including communicating with patients with conditions who are overdue for visits/services or who have not kept planned care visits;
- Referring high-risk patients and/or non-compliant patients for further care coordination services;
- Appropriate utilization of procedures (National/society guidelines);
- Procedural quality measures;
- Safety monitoring; and
- Quality Improvement initiatives.

⁹⁰ See the discussion of the Quality Improvement Committee in CON Standard 1.6.

Medical staff will utilize the following tools within the Electronic Medical Records (EMR) system which supports evidence-based medicine (EBM) protocols:

- Clinical documentation system (EMR; hospital system; care coordination system);
- Proven knowledgebase and patient education tools (ex: Healthwise);
- Approved online sites where EBM guidelines are available (defined by practice or specialty); and
- Community resources with specialty expertise.

CON STANDARD 1.8: Applicants seeking to develop a new health care project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.

The proposed Collaborative Surgery Center will have a comprehensive, evidence-based system for controlling infectious disease, which is set forth at length in the infection control policies included with this application in **Exhibit 7**. The system includes mandated employee and infection control practices, as well as precautions related to patients. It establishes procedures for the proper preparation, storage, handling and disposal of sterile medical instruments. The policy also establishes certain environmental requirements and provides for regular training programs for infection control.

It is also worth noting that all Medicare-certified ASCs must comply with an extensive set of infection prevention standards that are monitored at each ASC daily and evaluated by external inspectors.⁹¹ ASCs nationally have maintained an excellent track record of providing safe patient care. According to a study published in the *Journal of American Medical Association* that included nearly 300,000 patients from eight states who underwent ambulatory surgery, the overall rate of postsurgical acute care visits within 14 days for clinically significant surgical site infections was relatively low (3.09 per 1,000 ambulatory surgical procedures).⁹²

⁹¹ *Quality of Care in ASCs*, AMBULATORY SURGERY CENTER ASSOCIATION (last visited July 13, 2021), <http://www.ascassociation.org/AdvancingSurgicalCare/qualityandpatientsafety/qualityofcareinasc>.

⁹² Owens, Pamela L; Barrett, Marguerite L; Raetzman, Susan; Maggard-Gibbons, Melinda; Steiner, Claudia A. *Surgical Site Infections Following Ambulatory Surgery Procedures*, 311(7) JAMA. 709 (Feb. 19, 2014), <http://jama.jamanetwork.com/article.aspx?articleid=1829988>.

CON STANDARD 1.9: Applicants proposing construction projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall show that the project is cost-effective and that reasonable energy conservation measures have been taken.

To ensure that costs and methods of constructing the ASC are necessary and reasonable, Collaborative Surgery Center has engaged the services of LR&W Architects as well as the management group's own knowledge and experience from building a separate ASC. Collaborative Surgery Center directed the architects to plan and design an efficient and cost-effective facility compared to other surgery centers locally and nationwide. The proposed Collaborative Surgery Center includes 4 Class C operating rooms totaling 9,016 square feet. Each operating room will consist of approximately 500 to 550 square feet. The budgeted cost of fitting up the surgery center is a modest \$2.4 million (the fit-up budget is set forth at length in Section I.G).

The project was designed with the following features to minimize cost while maintaining the highest levels of quality:

- Use of building materials common to the geographic area;
- Use of construction specifications that are well known to the general building trades in the geographic area;
- The building is a single story, rectangle shaped structure thereby increasing efficiency and eliminating stairs and elevators;
- Use of cost-efficient flat roof for roof mounted HVAC units;
- Space temperature conditioning will be accomplished with a highly efficient roof mounted unit delivering 90 percent filtered air to the interior space. The unit will utilize economizer cycle to save energy. Interior heating will be accomplished with a gas-fired furnace in the roof mounted unit and interior electric or hydronic terminal heat as allowed by code;
- Existing vacuum pump, medical gas, and possibly generator capacity will be utilized in conjunction with the neighboring Green Mountain Surgery Center, with the proper service agreements in place; these elements of the project will not need to be duplicated
- The HVAC, electrical, and plumbing systems, together with the building envelope design are planned to meet all required energy efficiency codes and Efficiency Vermont standards (See CON Standard 1.10 for discussion of energy conservation measures); and
- The interior design will not utilize high-end, expensive materials and products. Nevertheless, finishes will meet health care facility standards for durability, maintenance and safety and be aesthetically pleasing.
- Project complies with 2018 FGI Facility Compliance including mechanical, electrical plumbing and fire protection standards. Please see **Exhibit 6**.

CON STANDARD 1.10: Applicants proposing new health care projects requiring construction shall show such projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal.

Collaborative Surgery Center has engaged a local architecture firm with special expertise in sustainable design, Wiemann Lamphere Architects, to work on the development of the design of the Center. Weimann Lamphere will further consult on the construction design and value engineering phases of the project should a CON be awarded.

Wiemann Lamphere has similar expertise to Efficiency Vermont and is among the growing number of building and design firms who exclusively develop high-performance, sustainable buildings. Wiemann Lamphere Architects have five professionals who are LEED (Leadership in Energy & Environmental Design) certified on their team focused on implementing sustainable practices and design into each project. Their staff works collaboratively with owners, design professionals, and contractors to develop projects that perform at high levels and set new standards across the five essential Sustainable Design Categories: Sustainable Site; Water Efficiency; Energy and Atmosphere; Materials and Resource; and Indoor Environmental Quality. Weimann Lamphere has constructed eight LEED Certified buildings for clients in Vermont and New York across a wide range of applications from university buildings to office buildings and restaurants.

Wiemann Lamphere has recently adopted the “2030 Global Challenge” which is a global effort to develop net-zero energy buildings by the year 2030. By adopting this challenge, they have taken a responsible, incremental approach to their net-zero goals by educating clients on the use of fossil fuels and renewable energy alternatives, utilizing building energy modeling to determine specific rates of return on building investments, paying careful attention to detail in the construction of building envelopes and using materials that are responsible to the environment both in their use and ultimate disposal or re-use. Many of their recent projects have realized energy savings of approximately 60-70 percent above and beyond national averages.

CON STANDARD 1.11: Applicants proposing new health care projects requiring new construction shall demonstrate that new construction is the more appropriate alternative when compared to renovation.

CON STANDARD 1.11 does not apply to Collaborative Surgery Center as this is a renovation project of an existing building. To reduce overall project spend and redundancy in health care settings Collaborative Surgery Center will have an operating agreement with Green Mountain Surgery Center to utilize already installed capacity that can be provided to the new distinct surgery center per CMS regulations, such as medical gas access, vacuum pump facility, and possibly shared generator capacity.

CON STANDARD 1.12: New construction health care projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Institute (FGI), 2014 edition.

CON STANDARD 1.12 does not apply to Collaborative Surgery Center as this is a renovation project of an existing building.

CON STANDARD 2.2: Applicants seeking to introduce new ambulatory care services, including hospital ambulatory care center or physician office based services, shall show how such services are consistent with Vermont’s focus on health promotion. Services to prevent the onset of disease and to minimize the effects of disease shall be given the highest priority.

The proposed Collaborative Surgery Center is consistent with and intentionally aimed at promoting Vermont’s focus on health promotion and wellness. The Center will offer surgical space for treatment of a wide array of conditions. Treatment of conditions such as soft tissue injuries, foot problems, and gynecological and dental issues helps to correct or slow the debilitating effects of disease, promoting a return to health. There are currently long wait times to treat many of these conditions. Long wait times can result in patients needing more complicated surgical and medical intervention, prolonged use of pain medications, and extended time unable to perform work duties or activities of daily living. The Center will offer Vermonters more timely treatment than is often currently possible, further promoting health by correcting problems earlier and helping to avoid the physical and mental health complications and costs associated with delayed care.

Percutaneous cardiac interventions (PCI, formerly known as angioplasty with stent) is one example of a health promoting treatment that the Center could offer patients. Provision of cardiac procedures in an ASC is an increasing trend as CMS approves more codes as reimbursable in an ASC setting.⁹³ Treatment of such cardiac issues such as improving blood flow with PCI, or placement of a pacemaker, are services that minimize the effect of disease and could be done in the Center without wait time. Placement of a pacemaker literally lowers the risk by the hour as the longer a patient goes without a pacemaker, the higher the chance that their heart will no longer have the strength to beat on its own. The same is true of PCI. This procedure allows blood flow to the heart and a delay in getting this procedure is like a ticking time bomb that can result in total system failure, stroke, and death if it is allowed to go on too long. CSC could offer Vermonters these lifesaving treatments without months of wait time, thereby enhancing patients’ overall health and wellness.

Diagnosis of endometriosis is another service that might be performed at the Center. Endometriosis is a disease where uterine lining tissue grows within the pelvic cavity which causes severe pain, abnormal menstrual cycles, bowel issues, bloating, nausea, fatigue, and infertility.⁹⁴ This disease is commonly mis-diagnosed or under-diagnosed due to its complexity and broadness of symptoms. Endometriosis affects roughly ten percent (190 million) of women of reproductive age globally. As endometriosis worsens, the tissue will create adhesions on organs and tissues within the pelvic cavity worsening symptoms. A recent study found that

⁹³ Box, Lyndon C.; Blankenship, James C.; Henry, Timothy D.; Messenger, John C.; Cigarroa, Joaquin E.; Moussa, Issam D.; Snyder, Richard W.; Duffy, Peter L.; Carr, Jeffrey G.; Tukaye, Deepali, N; Ang, Lawrence; Shah, Binita; Rao, Sunil V.; Mahmud, Ehtisham. *SCAI position statement on the performance of percutaneous coronary intervention in ambulatory surgical centers*, 96:862-870. CATHETER CARDIOVASCULAR INTERVENTION. (2020)

⁹⁴ WORLD HEALTH ORGANIZATION. (March 31, 2021). *Endometriosis*. <https://www.who.int/https://www.who.int/news-room/fact-sheets/detail/endometriosis>

patients who experienced an intermediate or long delay in diagnosis (1-3 years and 3-5 years, respectively) accrued higher health care costs due to misdiagnosis, ER visits, inpatient stays, pharmacy costs and/or various specialist visits. Those patients who had a delayed diagnosis experienced 13.3 percent and 13.9 percent increase in health care costs.⁹⁵ According to the World Health Organization, some cases of endometriosis require the use of ultrasonography or MRIs for detection and surgical/laparoscopic visualization with biopsies can confirm this diagnosis as well as remove some adhesions and lesions.⁹⁶ The delay of proper diagnosis through surgical laparoscopy can result in infertility, severe pain, fatigue, depression and anxiety resulting in decreased quality of life. The Center would have the operating capacity to allow these diagnostic laparoscopic procedures to occur in a cost effective and timely manner lessening both the financial burden and the delay of diagnosis for the suffering patient. This would lead to proper diagnosis, treatment to maintain a high quality of life and less burden on health care spending.

The Center's contribution to health promotion will be to create greater access to more timely care in an efficient, high quality, and cost-effective manner. This will lead to improved physical health of patients needing treatment. Patients' mental health may also benefit. The Center's price transparency and relatively low costs will be less anxiety producing than having to get surgery without knowing the cost beforehand, as is customary when receiving care in a hospital setting.

⁹⁵ Surrey, E., Soliman, A. M., Trenz, H., Blauer-Peterson, C., & Sluis, A. (2020). Impact of Endometriosis Diagnostic Delays on Healthcare Resource Utilization and Costs. *ADVANCES IN THERAPY*. 37(3), 1087–1099. <https://doi.org/10.1007/s12325-019-01215-x>

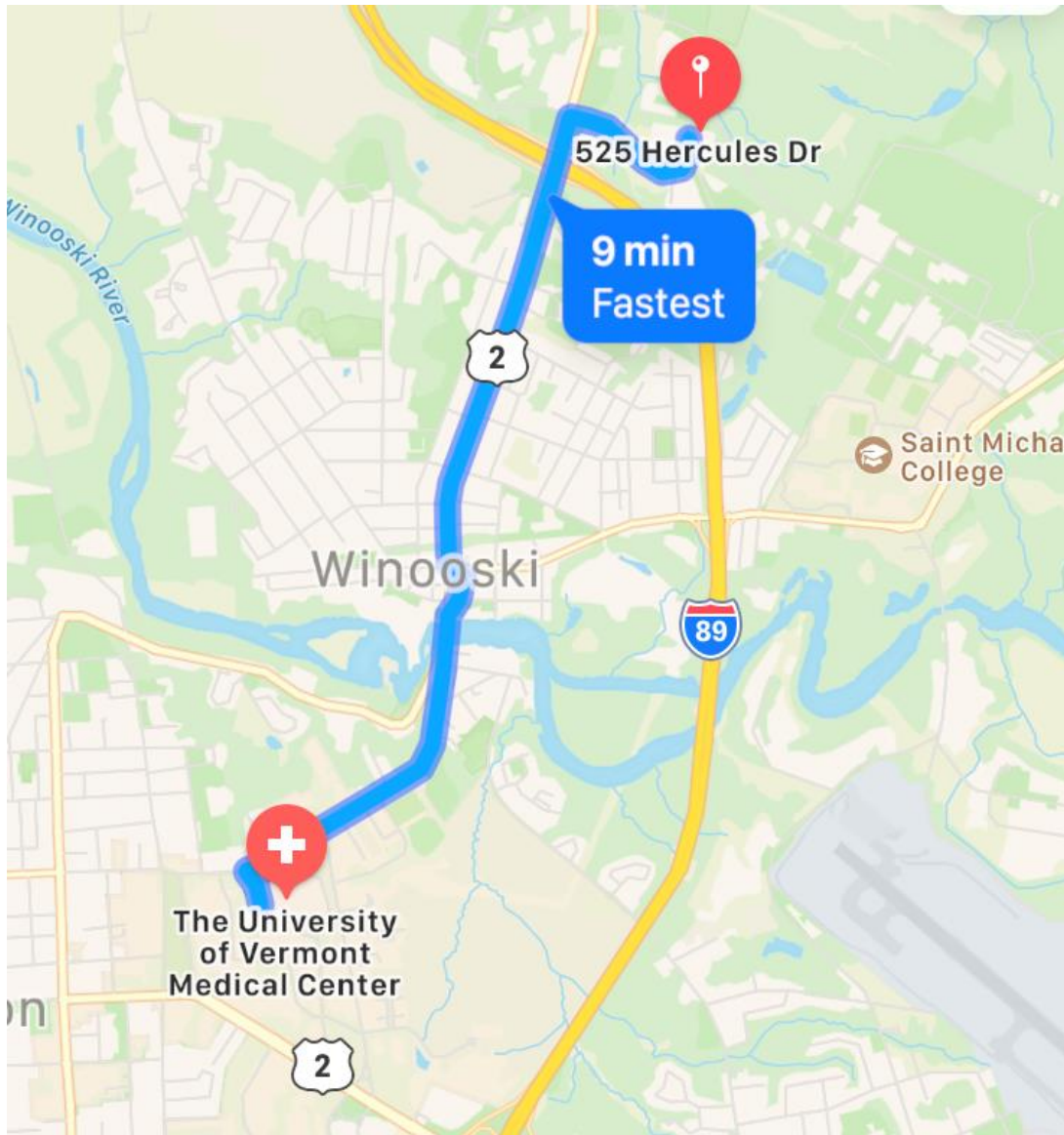
⁹⁶ WORLD HEALTH ORGANIZATION. (March 31, 2021). *Endometriosis*. <https://www.who.int/https://www.who.int/news-room/fact-sheets/detail/endometriosis>

CON STANDARD 3.13: An applicant proposing to establish an ambulatory surgical center shall demonstrate that the procedures performed at the facility will be limited to those procedures that are not anticipated to require an overnight stay and that can be performed safely in an ASC.

As with the other 5,700 ASCs that are licensed throughout the country, the Collaborative Surgery Center will only host procedures that are not expected to pose a significant safety risk to a patient when performed in an ASC, and for which standard medical practice dictates that the beneficiary would not typically be expected to require active medical monitoring and care at midnight following the procedure, consistent with the standard set forth in 42 C.F.R. 416.166. The Center will obtain and maintain Medicare certification throughout its operations and will seek private accreditation from the Accreditation Association for Ambulatory Health Care and/or the Joint Commission, and will operate under the supervision of such organizations, consistent with applicable regulatory and accreditation requirements. Collaborative Surgery Center is seeking approval to perform all CMS allowed outpatient procedures. Collaborative Surgery Center, the Medical Director, anesthesia providers and medical staff will continue to assess each patient based on ASA classification to ensure no risk is posed by having a patient have an outpatient procedure meaning discharge under 23 hours.

CON STANDARD 3.14: An applicant proposing to establish an ambulatory surgical center shall show that the ASC is located within the appropriate travel time to one or more licensed general hospitals where there are three or more operating rooms.

UVM Medical Center is the licensed general hospital with three or more operating rooms that is closest to the proposed site for the facility. The most direct route from the site of the proposed Collaborative Surgery Center to the Medical Center, via U.S. Route 2 is approximately 3.5 miles, and the alternate route, via Interstate 89, is approximately 4.5 miles. Either route takes approximately 9-15 minutes by car, based upon local speed limits. A map indicating various routes from the proposed ASC site to the UVM Medical Center is included below.



CON STANDARD 3.15: An applicant proposing to establish an ambulatory surgical center shall demonstrate that the facility will provide services for post-operative complications and inquiries by ASC patients on a 24-hour basis.

All patients undergoing care at the Collaborative Surgery Center will be given written instructions for after-hours care. Every patient at the Collaborative Surgery Center will have access to the surgeon who performed the procedure after-hours, based on the normal coverage procedures of that physician's office. The ASC will ensure that physicians performing surgery at the Center have an after-hours on-call policy that will be available to patients in advance of surgery and have 24-hour per day on call coverage to answer patient inquiries.

Patients will also be instructed in writing to call 911 if their condition warrants immediate attention and to go to the nearest emergency room. The Collaborative Surgery Center's main telephone line will also include an after-hours recording that instructs the patient to call 911 or go to the nearest emergency room in the event of complications.

Patients who develop complications during the hours of operation of the proposed Collaborative Surgery Center, and prior to departure from the Center, will be brought back to the PACU area of the facility. Nursing staff will consult with the anesthesiologist and physician regarding follow-up care. If transfer to an acute care facility is needed, the Center will arrange appropriate transfer, to include appropriate transport to the designated facility by the physician or, in his absence, the anesthesiologist. The Collaborative Surgery Center intends, and will use good faith efforts, to enter into a transfer agreement with UVM Medical Center to admit patients to the hospital in a safe and timely manner when warranted by their medical conditions. See CON STANDARD 3.17 for discussion of the Collaborative Surgery Center's transfer arrangements.

CON STANDARD 3.16: An applicant proposing to establish an ambulatory surgical center shall demonstrate how the applicant will provide access to all residents of each community within the identified service area without regard to an individuals' payer type, insurance status or ability to pay for necessary services.

One of the foremost motivations for the proposed project is to expand timely access to affordable health care for all Vermonters and area residents including northern New York. Consistent with this goal, the proposed Collaborative Surgery Center will accept all forms of insurance, including private pay, Medicare, and Medicaid. In addition, the Center will offer financial assistance to needy Vermonters in accordance with a charity care policy. The charity care policy will provide for free care by the Collaborative Surgery Center for eligible uninsured Vermonters with incomes below 200 percent of Federal Poverty Level. In addition, eligible uninsured Vermonters with incomes between 200 percent and 400 percent of the Federal Poverty Level may apply for discounted care from the Collaborative Surgery Center. The proposed Center is committed to providing free and discounted care to needy patients at a level that is on par with Vermont non-profit hospitals. The ASC's draft charity care policy is included in this Application in **Exhibit 4**.

CON STANDARD 3.17: An applicant proposing to establish an ambulatory surgical center shall demonstrate the applicant will: secure and maintain Medicare certification, where appropriate; develop and maintain a transfer agreement with at least one nearby hospital, as well as a transport agreement with an emergency medical service for the ASC's emergency transport requirements; ensure that all staff are well qualified and that the clinical personnel are eligible for – or have privileges for – similar surgical procedures at a local hospital; institute a quality review system; cooperate with all public and private review organizations; and demonstrate that the ASC will institute best practices protocol.

The proposed Collaborative Surgery Center will use its best efforts to secure and maintain Medicare certification; develop and maintain a transfer agreement with at least one nearby hospital, as well as a transport agreement with an emergency medical service for its emergency transport requirements; ensure that all staff are well qualified and that the clinical personnel are eligible for – or have privileges for – similar surgical procedures at a local hospital; institute a quality review system; cooperate with all public and private review organizations; and institute best practices protocol. We address each of these below.

1. Medicare Certification. The proposed Collaborative Surgery Center will use Avanza Strategies, which has successfully guided over one hundred other ASCs throughout the country to secure and maintain certification as a participating Medicare provider under the jurisdiction of CMS. Continuous compliance with certification requirements will be maintained. In the event the facility loses Medicare or Medicaid certification, all prospective patients will be notified of this status prior to registration; nonetheless, the viability of the Collaborative Surgery Center's business proposal relies on receiving Medicare certification and the project will not proceed without it.

2. Transfer Agreements. The Collaborative Surgery Center will diligently seek, and use good faith efforts, to enter into a transfer agreement with UVM Medical Center to admit patients to the hospital in a safe and timely manner when warranted by their medical conditions. Under such agreement, the decision to admit a patient to the hospital will be made by the attending physician or designee (i.e. anesthesiologist and/or certified registered nurse anesthetist). The Collaborative Surgery Center's personnel will notify the Center's Medical Director and the Administrator of the pending admission and provide them with the following information:

- a. Patient's name
- b. Attending physician
- c. Surgical procedure performed
- d. Reason for admission
- e. Patient's expected length of stay at the hospital

The Center's Medical Director will establish the appropriateness of the admission with the attending physician. If an admission is necessitated, the Medical Director or a Collaborative Surgery Center's registered nurse will contact the hospital with the patient information and arrange for a bed. The attending physician or designee will determine the mode of transportation for admission to the hospital. The registered nurse will explain the transfer procedure to the patient and the responsible party. The registered nurse will complete the patient's medical record

and make copies to send with the patient to the hospital. The registered nurse will call and report to the admitting floor and document the admission.

If the patient's transfer is an emergency, 911 will be called and the appropriate transportation arranged. The registered nurse will notify the emergency room of the patient's eminent arrival and give a report. The registered nurse will notify the responsible party of the patient's pending emergency transfer to the hospital. A copy of the transfer form, patient's insurance information and documentation of any communication with the receiving hospital should be transported with the patient. The Collaborative Surgery Center's Medical Director or clinical designee will review the patient's record for any unusual complications or occurrences.

The Center's Medical Director will review the medical records of all unscheduled admissions, if any, and present a summary to the Medical Executive Committee and the Governing Board on a quarterly basis.

3. Staff Qualifications. Physicians wishing to perform procedures at the Collaborative Surgery Center must be admitted and privileged by the Center pursuant to its medical staff bylaws. The medical staff bylaws will also, among other customary provisions, require the Collaborative Surgery Center's clinicians to maintain a valid license to practice medicine or osteopathy in the State of Vermont, strictly abide by the principles of medical ethics, and hold a M.D. or D.O. degree from a recognized medical or osteopathic school.

4. Quality Review System. The Collaborative Surgery Center will maintain an extensive quality review system, as described in CON STANDARD 1.6 and in the Center's Quality Improvement Plan, a draft of which is included in **Exhibit 5** to this Application.

5. Cooperation with Public and Private Review Organizations. The proposed Collaborative Surgery Center will cooperate with all public and private review organizations. The Center will adopt a policy of cooperation, a draft of which is included with this Application in **Exhibit 8**. If a review organization identifies any deficiencies, the Collaborative Surgery Center shall implement any needed corrections as soon as possible and shall maintain records of noted deficiencies and steps taken to correct them.

6. Best Practices Protocol. The proposed Collaborative Surgery Center has incorporated a best practices protocol into its Facility Plan for Patient Care. The philosophy underlying this plan is that the Center can best maintain a community-based, family-oriented, consistently high level of service through a customer focus where we continually strive to understand and exceed the expectations of our customers. This focus is enabled through instituting best practices protocols, effective communication systems, staff education, team building, process improvement, work design and an empowered work force. The Collaborative Surgery Center's Facility Plan for Patient Care is submitted along with this Application in **Exhibit 9**.

CON STANDARD 3.24: An applicant shall disclose potential financial conflicts of interest between hospitals and physicians and an equipment purchase.

The Collaborative Surgery Center intends to build an Ambulatory Surgery Center, not a hospital. Regardless, the Collaborative Surgery Center's Governing Board will allow fully licensed physicians to operate at Collaborative Surgery Center upon completion of a credentialing application. The physician who is applying for operating privileges will present to the administrator and management team the equipment needed to safely perform surgery to the standard they would practice if operating elsewhere. As spoken widely throughout this application, cost containment is crucial to an ASCs ability to succeed even with markedly lower reimbursement rates. The management team will review options with the surgeon based on need. Purchasing the equipment will be done independent of the surgeon who will be using the equipment.

III. CONSISTENCY WITH 18 V.S.A. § 9437

18 V.S.A. § 9437. Criteria. A certificate of need shall be granted if the applicant demonstrates and the board finds that:

(1) the application is consistent with the health resource allocation plan;

See Section II of this Application.

(2) the cost of the project is reasonable, because:

(A) the applicant's financial condition will sustain any financial burden likely to result from completion of the project;

Our project budget indicates that the development and construction of the proposed project will cost approximately \$2,413,174. Please see Section I.G. of this Application for a detailed discussion of the project budget. This \$2.4 million cost for the interior fit-up of the existing building to transform it into a surgery center will be rolled into CSC's lease payments and amortized over ten years. The landlord will front the cost of the renovations, not CSC. As the financial projections indicate, during the first year of operations when the volume at the Center is ramping up, the Center will need to use some working capital to cover lease payments and operating expenses. Thereafter, the Center projects sufficient revenues to satisfy lease payments and other operating costs.

We estimate that CSC will need \$5,293,345 in project costs for medical equipment (major moveable equipment), initial inventory, furniture/fixtures, working capital and other start-up costs. We anticipate funding these costs through conventional bank financing, as well as private investment capital from operating physicians.⁹⁷ The majority of the additional project costs are for the approximately \$4 million to purchase medical equipment. The planners of CSC have already had conversations with the same banks who financed medical equipment purchases for the Green Mountain Surgery Center and these financial partners have indicated strong interest in providing loans for another similar project. We estimate the loan, or loans, would have 10-year terms and a fixed interest rate consistent with current market conditions. CSC will seek additional capital contributions from new physician investors, contingent on receipt of the certificate of need for the ASC, to reduce the amount of debt financing required for the project. There will be no overlapping owners between CSC and the Green Mountain Surgery Center.

⁹⁷ Collaborative Surgery Center used typical industry assumptions in determining the financing requirements for the project, factors such as the unknown length of the certificate of need approval process and unforeseen changes in financial markets, building industry throughout the COVID-19 pandemic and the health care industry make it impossible to predict financial requirements with certainty. Accordingly, final determinations regarding sources, amounts and terms of financing will not be made until the project has been approved by the Green Mountain Care Board. Nevertheless, we believe that our projections submitted with this application are reasonably accurate and that any deviations from our expectations will not have any material impact on the viability of the project.

Collaborative Surgery Center will utilize a cloud-based health information technology system. We estimate the initial implementation fee for this system would be approximately \$13,500 with an annual subscription cost of approximately \$55,000 based on the cost of comparable systems. Collaborative Surgery Center will use a health information technology system that is HIPAA certified and has robust cloud support which is specifically designed for an ASC. With a cloud-based system Collaborative Surgery Center will have no servers on site and will have extensive HIPAA compliant cloud security through a third party which will assist in protecting data in the case of an attempted cyber-attack.

(B) the project will not result in an undue increase in the costs of medical care. In making a finding under this subdivision, the board shall consider and weigh relevant factors, including:

The proposed project will decrease the costs of medical care borne by Vermonters and payers. The proposed Collaborative Surgery Center will be price-competitive with similar facilities in other Northeastern States. As described in Section I.J. – Charge Structure and Patient Savings, one of the primary advantages of ASCs is that they can provide outpatient surgical services at a lower cost than hospitals, which, in Vermont, that option is currently offered solely at Green Mountain Surgery Center. ASCs characteristically have lower building, staffing and overhead costs than hospitals. These and other operational efficiencies enable ASCs to offer lower charge structures and enter into lower-cost contracts with insurers than hospitals, resulting in reduced costs to patients and payers. Data indicates that ASCs are, on average, reimbursed at 48 percent of what is paid to HOPDs.⁹⁸ Also, because most private insurers set their outpatient surgery rates based on a percentage of the current Medicare rates, we expect substantial savings to be passed on the private insurers and their patients for services offered by the proposed ASC, much like the savings currently in practice at Green Mountain Surgery Center.

(i) the financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures, and charges;

We anticipate that the UVM Medical Center, being the hospital located closest to the proposed site for the ASC and the hospital where most of the specialists planning to utilize the Collaborative Surgery Center currently perform outpatient procedures, will be most directly affected by the proposed ASC. It is our understanding that the hospital presently has 17 operating rooms. It is Vermont's largest and most profitable hospital, with projected total operating revenue for FY 2021 in excess of \$1.6 billion and excess of revenue over expenses projected for FY 2021 at more than \$40 million.⁹⁹ From 2015 to 2019, the operating margins of all Vermont hospitals totaled \$329.2 million. Of this amount, UVMMC garnered \$295.8 million,

⁹⁸ McMillan, D., Long, D., & Payne, A. *HOPD vs ASC: Understanding Payment Differences*. Healthcare Financial Management Association. (April 1, 2019) <https://www.hfma.org/topics/hfm/2019/april/hopds-vs--asc--understanding-payment-differences.html>

⁹⁹ GREEN MOUNTAIN CARE BOARD (GMCB), *Act 53 - Financial Data for Actual 2019, Actual 2020 and Budget 2021*. [HTTPS://GMCBOARD.VERMONT.GOV/SITES/GMCB/FILES/DOCUMENTS/ACT53_COMPARE_HOSPITAL_BUDGET_AND_FINANCIALS_TABLES_4-6.PDF](https://gmcboard.vermont.gov/sites/gmcb/files/documents/act53_compare_hospital_budget_and_financials_tables_4-6.pdf)

or 89.9 percent of total operating margin and achieved a five-year average increase of 4.6 percent.¹⁰⁰

The size and scope of the Collaborative Surgery Center's proposed surgery center pales in comparison to UVM Medical Center. The Center projects gross patient revenues in its second year of operation (by which time we expect volume at the center to be fully ramped up) at \$4,814,723. This is 0.15 percent of the medical center's projected outpatient gross patient revenues for 2021. Also, in keeping with the characteristics of most urban and rural ASCs, the Collaborative Surgery Center will not have co-located pharmacy, laboratory, or radiology services. These ancillary services, when needed, will be referred to the local hospitals, further underscoring our intention to work collaboratively with local hospitals to meet the needs of our shared patient population.

Even with the addition of another average-sized ambulatory surgery center to the Burlington metropolitan area, we anticipate that most outpatient procedures will continue to be performed at the Medical Center both because of their large number of operating rooms and because of the relatively large number of physicians that are hospital-employed. According to the latest hospital budgets from 2020, the UVM Medical Center employs 624 physician FTEs. Collaborative Surgery Center intends to provide the necessary space for surgeons to provide efficient and cost-effective care to their patients regardless of employment. As addressed earlier, Collaborative Surgery Center is open to partnering with area hospitals which further supports our intent of solely wanting to offer high-quality, low-cost options for outpatient surgery, not to create any financial burden or impact on area hospitals.

It is also illustrative that the UVM Medical Center was not adversely affected in any material way by the opening of Vermont's first free-standing ambulatory multi-specialty surgery center, Green Mountain Surgery Center, in July of 2019. Since that time, the hospital's total revenues have grown from \$1,436,350,203 in FY2019 to \$1,458,094,545 in FY2020 representing a 1.5 percent annual increase even through both a UVM Health Network devastating cyberattack and the COVID-19 Pandemic.

Furthermore, peer-reviewed journals have analyzed the effect of ASCs on local hospitals and have found very little negative impact. For instance, John Bian and Michael Morrissey concluded that an increase of one ASC per 100,000 people was associated with a 4.3 percent reduction in hospital outpatient surgical volume and was not associated with inpatient surgical volume.¹⁰¹ Charles Courtemanche and Michael Plotzke similarly determined that "ASC entry only appears to influence a hospital's outpatient surgical volume if the facilities are within a few miles of each

¹⁰⁰ GREEN MOUNTAIN CARE BOARD (GMCB), *FY2021 Hospital Budget Decision and Order*. <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY21%20The%20University%20of%20Vermont%20Medical%20Center%20Budget%20Order%20and%20Cover%20Letter.pdf>

¹⁰¹ Bian, John; Morrissey, Michael A. *Free-Standing Ambulatory Surgery Centers and Hospital Surgery Volume*, 44(2) INQUIRY 200-210 (Summer 2007) (concluded that an increase of one ASC per 100,000 was associated with a 4.3% reduction in hospital outpatient volume), <https://journals.sagepub.com/doi/pdf/10.5034/inquiryjrn1.44.2.200>

other” and that “[e]ven then, the average reduction in hospital volume is only 2-4 percent.”¹⁰² In sum, the above suggests that any impact to the UVM Medical Center will be slight, and that even were the ASC to outperform our expectations, the vast size of UVM Medical Center’s budget and exhaustive scope of the hospital’s resources will enable the hospital to absorb any impact of the proposed project without having to adjust its charges or services.

The above discussion focuses on the likely impact of the project on the UVM Medical Center, because we do not expect that the proposed ASC will have a material impact on the volumes at any other hospitals or clinical settings in Vermont. Other than The Eye Surgery Center and Green Mountain Surgery Center, hospitals are the exclusive provider of outpatient surgery in Vermont. Also, as noted above, peer-reviewed research has concluded that “ASC entry only appears to influence a hospital’s outpatient surgical volume if the facilities are within a few miles of each other.”¹⁰³ The UVM Medical Center is the only hospital that will be located within a few miles of the proposed ASC.

(ii) whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public; and

As has been described at length elsewhere in this Application, the benefits of the proposed Project to the public are substantial, and the likely impact to UVM Medical Center is small. To summarize, the public benefits of the proposed ASC include:

- **Reducing the Cost of Health Care:** As described more fully in Section I.J – Charge Structure and Patient Savings - and in our answer to Statutory Criterion 2(B), ASCs are reimbursed at a lower rate than hospitals by Medicare and other insurers. In addition, because of the operational efficiencies that are unique to ASCs, ASCs have a lower charge structure than do hospitals. ASCs have accordingly filled an important role in national health reform efforts by right-sizing outpatient care and reducing the cost of outpatient procedures to a level that is consistent with the relative complexity of such procedures.
- **High Quality Care and Patient Satisfaction:** As described more fully in our answer to CON STANDARD 1.2 in Section II of this Application, the performance of outpatient surgery services by ASCs has been linked to improved health outcomes for patients and high levels of patient satisfaction. The proposed ASC will be designed and constructed using modern facility standards that incorporate evidence-based medicine. The ASC will also adopt a Quality Improvement Plan and a Facility Plan for Patient Care incorporating a best practices protocol, drafts of which are included in **Exhibit 5 and Exhibit 9** respectively, and will have in place a governance structure to monitor whether high standards of care are maintained on a consistent basis. In terms of patient satisfaction, CSC expects satisfaction rates on par with those revealed

¹⁰² Courtemanche, Charles; Plotzke, Michael. *Does Competition from Ambulatory Surgery Centers Affect Hospital Surgical Output?* 29(5) J. HEALTH ECON. 765-773. (July 15, 2010) (see page 765, noting that they found no evidence that entering ASCs reduce a hospital’s inpatient surgical volume), <https://doi.org/10.1016/j.jhealeco.2010.07.003>

¹⁰³ *Id.*

by Green Mountain Surgery Center’s patient satisfaction survey. In it, 97.58 percent of patients answered that they “strongly agree” or “agree” that they would recommend the ASC to their family or friends and 98.38 percent of patients answered that they “strongly agree” or “agree” that they would return to the facility for other procedures.

- **Low Infection Rates:** As discussed more fully in our answer to CON STANDARD 1.8 of this Application, ASCs nationally have very good infection rates. We expect the proposed facility to meet or exceed the high standard that has been established by ASCs nationally. Our proposed facility has been designed to meet or exceed FGI Guidelines to minimize risk of infection, the ASC will adhere to rigorous CMS-established infection control guidelines, and will adopt industry standard infection prevention policies, drafts of which are included in **Exhibit 7**.
- **Quick, Efficient Care:** Data indicate that ASCs perform outpatient procedures faster than hospital outpatient departments, as they have inherent advantages in their design that enable operating rooms and procedure rooms to be used in an efficient manner. ASCs also are associated with reduced wait times for procedures, which have positive effects on patient satisfaction. Furthermore, the proposed facility has been designed with efficiency in mind and will facilitate throughput.
- **Small-Scale, Patient-Friendly Environment:** The proposed ASC will also offer a smaller-scale, more intimate alternative to the hospitals. While some patients undoubtedly prefer to have procedures done at the hospital with its prestige and vast resources, many patients find a hospital environment intimidating or overwhelming, and feel more comfortable in a smaller-scaled health care environment. Combining a convenient location off the interstate, ease of parking, and a more modest and personal environment, the proposed ASC will offer a patient-friendly alternative to hospital care.
- **Expanded Access to Care:** The addition of the proposed ASC to Vermont’s health care system will expand access to important health care services. As described in our response to CON STANDARD 1.2 in Section II of this Application, the ASC will offer patients an alternative site of care at a lower cost which will create less delay in patient care thus lessening patient suffering while waiting for care. Anecdotal input from the community has indicated a 12 month wait time for a knee replacement and a seven month wait time for a carpal tunnel surgery at area hospitals. Patients nationally have found that they are able to schedule procedures more quickly at ASCs than at their local hospital,¹⁰⁴ and the proposed ASC at the very least will help reduce pressure on the State’s hospital system operating room resources. When patients have their medical needs treated more quickly, there is a lower risk of the underlying health issue worsening or becoming more difficult to treat or manage. Also, as noted above, the smaller scale ASC may encourage patients who otherwise might be intimidated in the larger hospital environment to seek care when needed. In comparison to these substantial benefits, as described

¹⁰⁴ *Ambulatory Surgery Centers: A Positive Trend in Health Care*, AMBULATORY SURGERY CENTER ASSOCIATION (ASCA) 3 (Last accessed July 12, 2021)

<https://www.ascassociation.org/advancingsurgicalcare/aboutasc/industryoverview/apositivetrendinhealthcare>

in subsection (i) above, the impact to the UVM Medical Center is very minor, well below one percent of its budgeted gross outpatient revenues for 2021. Any potential impact to other area hospitals who lie outside of the Center's primary service area also is expected to be small.

(C) less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate;

Please see our response to CON STANDARD 1.11, where we addressed this issue in detail. Two members of the management team of Collaborative Surgery Center were intimately involved in the planning of neighboring Green Mountain Surgery Center and have since been running the surgery center operationally. This experience, the collaboration with planning partners the Medical Compliance Team, LR&W architects, and Joseph Architects, who designed Green Mountain Surgery Center will allow for optimal use of space, planning that best utilizes the space and allows for little wasted area and redundancies.

The existing building of 525 Hercules Drive is essentially a shell as much of the building was used as an architectural firm with modular dividers used internally. This vacant shell allows for simple retrofit that can optimize the proposed floorplan with little demolition. We propose to connect Collaborative Surgery Center with Green Mountain Surgery Center via a corridor that would allow the two surgery centers to enter into an operating agreement which would allow sharing of medical gas and vacuum pump capacity, and possibly also generator capacity. This reduction in redundancy in health care builds is crucial for cost containment and right sizing the needs of the Center.

In addition, the only alternative to ASCs in Vermont are hospital outpatient departments. As discussed elsewhere in this Application, hospital outpatient departments that are within 300 yards of a hospital main building are a more expensive alternative than ASCs, in terms of costs to the health system.

(3) there is an identifiable, existing, or reasonably anticipated need for the proposed project which is appropriate for the applicant to provide;

Vermonters need lower health care costs. The lack of development of lower-cost alternative settings of care in Vermont may contribute to our relatively high overall health care costs compared to other states, despite the state's focus and laudable progress in addressing the high costs of health care and checking its growth. Vermont is consistently ranked as one of the healthiest states in the country and has comparatively low rates of diabetes, inactivity and obesity.¹⁰⁵ Yet, paradoxically, its per capital health care costs are higher than the national average, and have been growing at a faster rate than the national average.¹⁰⁶ And Vermont has

¹⁰⁵ *State Data: Vermont*, AMERICA'S HEALTH RANKING (last visited July 23, 2021), <http://www.americashealthrankings.org/VT>

¹⁰⁶ GREEN MOUNTAIN CARE BOARD (GMCB), *2019 VERMONT HEALTH CARE EXPENDITURE ANALYSIS* (May 2021). https://gmcboard.vermont.gov/sites/gmcb/files/documents/2019VTHealthCareExpenditureAnalysis_BoardPres_20210512_0.pdf

among the highest commercial health insurance premiums in the nation.¹⁰⁷ For instance, the 2021 premium cost of a benchmark silver-plan for a 40 year-old individual making \$30,000 a year is \$669 in Vermont, compared to \$440 in Maine, \$363 in Massachusetts, \$357 in New Hampshire, and \$349 in Rhode Island.¹⁰⁸ High health care costs are routinely discussed by legislators, regulators, employers, and everyday Vermonters. In 2020, the Auditor published a report on the growing cost of health care in Vermont, noting that spending on health care services was 167 percent higher in 2018 than in 2000.¹⁰⁹ This year, Vermont legislators allocated \$125,000 to the Joint Fiscal office to support a Health Care Affordability Study Committee, a committee tasked with examining how to make Vermont's health care system more affordable for Vermonters and Vermont employers. In short, Vermont faces a crisis of already high health care costs that continue to grow and has had difficulty finding a political solution.

The ASC proposed in this Application is offered as an opportunity to move from examination and discussion of the problem of high health care costs, to a tangible solution that will provide some relief to Vermonters seeking care. Once open, the ASC will immediately reduce the financial burden borne directly by Vermonters and the State's health care system.

While the proposed ASC is not a silver bullet for all of Vermont's health care challenges, it is a simple and cost-effective solution for reducing a portion of health care costs in the state and should be an important component to the State's reform efforts. ASCs perform services relating to outpatient surgeries at a fraction of the cost of hospitals.¹¹⁰ Recent data indicates that the conversion factor that Medicare uses to determine ASCs' reimbursement rates is 41 percent of that of hospitals.¹¹¹

The need for our proposed project is also supported by the prevalence of ASCs throughout the country. As mentioned elsewhere, Vermont is an outlier with respect to the number of ASCs within its borders, with only two. The states with the next smallest number of Medicare-certified ASCs are Rhode Island which had 13 ASCs in 2020 and West Virginia which had eight ASCs in 2020.¹¹² New Hampshire, the state to which Vermont is often compared due to its similar size, location and demographics, has 27 Medicare-certified ASCs.¹¹³ Viewing the nation as a whole,

¹⁰⁷ *Average Marketplace Premiums by Metal Tier, 2018-2021*, KAISER FAMILY FOUNDATION (last visited June 5, 2021), <https://www.kff.org/db70157/>

¹⁰⁸ *Id.*

¹⁰⁹ Hoffer, D. R. (2020, August). *The Growing Cost of Health care in Vermont: It's Time to Reel It In*. OFFICE OF THE VERMONT STATE AUDITOR. <https://auditor.vermont.gov/sites/auditor/files/documents/HCE%20Report%20-%20revised%201-12-21.pdf>

¹¹⁰ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) Health Affairs. 765. (May 2014).

¹¹¹ MEDICARE PAYMENT ADVISORY COMMISSION (MPAC), *Report to the Congress: Medicare Payment Policy 139* (Mar. 2021).

¹¹² ASCA ASSOCIATION. (May 2020) *Number of ASCs Per State*. <https://www.ascassociation.org>
<https://www.ascassociation.org/advancingsurgicalcare/asc/numberofascspersstate>

¹¹³ *Id.*

and excluding the low and high outliers (Vermont and California, respectively), the average number of ASCs per state is approximately 105.¹¹⁴ For states having a population of less than 1,000,000 (excluding Vermont), the average is approximately 17.4.¹¹⁵ Among states with a certificate of need process to ensure the appropriate allocation of health care resources, the average number of ASCs is approximately 84.1 and the median number is 45.¹¹⁶ The bottom line is that ASCs play an important role in the health care systems of every other state, providing a low-cost, high quality alternative for outpatient surgery. We cannot identify any rational explanation to justify Vermont's extreme outlier status.

The proposed project is also needed due to the demographic shifts occurring in Chittenden County. Based on 2000 U.S. Census data, Vermont's population is projected to increase by 83,040 from 628,827 in 2000 to 711,867 in 2030, or 13.2 percent.¹¹⁷ Also, Economic & Policy Resources, Inc. projects that the population of Chittenden County will increase by 102,503, from 148,295 to 250,798, or 69 percent.¹¹⁸ Thus, while the rest of Vermont's population is expected to shrink in the aggregate, Chittenden County projects strong growth. Those growth projections do not even include the hundreds of new residents who migrated to Vermont because of the pandemic.¹¹⁹ Each of these factors will place further strain on existing health care resources in the area.

At the same time, the population of Vermont is graying. In 2000, Vermont was ranked as the 26th oldest state, based on percentage of population age 65 and older.¹²⁰ By 2010, it had become the 11th oldest state. And it projects to be the 8th oldest state by 2030.¹²¹ Between 2000 and 2030, the percentage of Vermont age 65 and older is expected to increase from 12.7 percent of the population to 24.4 percent of the population.¹²² The percentage of Vermonters age 45 and

¹¹⁴ Dyrda, Laura. *The Number of ASCs in the US: A State by State Breakdown*, BECKER'S ASC REVIEW (June 19, 2020), <https://www.beckersasc.com/asc-news/the-number-of-asc-in-the-us-a-state-by-state-breakdown.html>

¹¹⁵ *Id.*

¹¹⁶ Dyrda, Laura. *How Many ASCs in the 27 Certificate of Need States*, BECKER'S ASC REVIEW (May 4, 2017)

¹¹⁷ U.S. CENSUS BUREAU, POPULATION DIVISION, INTERIM PROJECTIONS OF THE TOTAL POPULATION FOR THE UNITED STATES AND STATES: APRIL 1, 2000 TO JULY 1, 2030 (2005).

¹¹⁸ ECONOMIC & POLICY RESOURCES, INC., ECONOMIC AND DEMOGRAPHIC FORECAST: NORTHWEST VERMONT AND CHITTENDEN COUNTY 2000 TO 2035 AND BEYOND, 33 (2000).

¹¹⁹ According to a MYNBC.COM news story citing figures from Richard Watts of UVM's Center for Research on Vermont who is [conducting research with the Vermont Futures Project](#)

¹²⁰ U.S. CENSUS BUREAU, POPULATION DIVISION, INTERIM STATE POPULATION PROJECTIONS, RANKING OF STATES BY PROJECTED PERCENT OF POPULATION AGE 65 AND OLDER: 2000, 2010, AND 2030 (2005).

¹²¹ *Id.*

¹²² U.S. CENSUS BUREAU, POPULATION DIVISION, INTERIM STATE POPULATION PROJECTIONS, VERMONT POPULATION PROJECTIONS: APRIL 1, 2000 TO JULY 1, 2030 (BY AGE GROUP) (2005).

older is expected to grow from 37.5 percent to 48.5 percent.¹²³ Because an aging population is more likely to utilize outpatient surgical services, this demographic shift will require additional outpatient surgical capacity in the State.

Primary care physicians practicing in Chittenden County and the surrounding areas have reported significant difficulties getting their patients in for timely appointments with area specialists at the UVM Medical Center. We have heard reports that current wait times for patients wishing to schedule a carpal tunnel release with an employed orthopedic surgeon operating at the hospital range from five to seven months. A Chittenden County resident recently shared that their knee replacement surgery is slated for May 2022, due to scheduling per the providers office. As the demographic shifts described above grow, this pressure on the health care system will only worsen. The proposed ASC will help alleviate some of the present and projected future undersupply of outpatient surgical services by offering an affordable, high-quality alternative to Vermont's hospital-based system.

The present hospital-based surgery system is also inefficient in that it results in idle time while the physician waits to use a hospital operating room. For instance, in a hospital setting, an Orthopedic Surgeon may be able to perform three to four rotator cuff or ACL repair surgeries in a 7-hour operating room day. The surgery itself takes less than one hour, but there are often delays in the hospital that cause the surgeon to have to spend the whole day in the hospital. These delays regularly result, for instance, when trauma cases arise and take precedence over the routine outpatient orthopedic surgery. Surgeons also spent time waiting for equipment change-overs after a totally unrelated procedure and must cope with delays that occur when nurses who are inexperienced with the particular surgery being performed are staffing the ORs. By contrast, in the ASC setting, all surgeries are pre-scheduled, the facility and equipment are designed to minimize room change-over time, and the nurses are trained on a specific set of procedures performed in the ASC. In the ASC setting, the same Orthopedic surgeon can perform 4-8 surgeries in a day, which frees up at least one more day during the week for him/her to spend in the office evaluating patients. This in turn reduces wait times for patients to see specialists and improves the patient experience of care.

(4) the project will improve the quality of health care in the state or provide greater access to health care for Vermont's residents, or both;

The proposed project will both improve the quality of health care and provide greater access to outpatient services for Vermonters. ASCs have a strong track record of providing high quality care, so much so that studies have shown that ASCs on average have very high levels of patient satisfaction with respect to both the care and the service they receive from ASCs.¹²⁴ Empirical

¹²³ *Id.*

¹²⁴ *Ambulatory Surgery Centers: A Positive Trend in Health Care*, AMBULATORY SURGERY CENTER ASSOCIATION (ASCA) 3 (Last accessed July 12, 2021) <https://www.ascassociation.org/advancingsurgicalcare/aboutascs/industryoverview/apositivetrendinhealthcare>

evidence indicates that on balance, ASCs have relatively low infection rates.¹²⁵ These low rates may be attributable to smaller scale, facility design, low risk patients, better patient flow and strong infection control policies. Some studies have concluded that ASCs outperform hospital outpatient departments with respect to quality of care and efficiency.^{126 127}

In addition to adding high-quality outpatient surgical capacity to Vermont's health care system, the proposed ASC will increase access. First, by offering a lower-cost health care alternative to hospital outpatient departments, outpatient surgery services will become more affordable to low- and middle-income Vermonters. Our best estimate is that for privately insured patients, the cost of a procedure at a free-standing ambulatory surgery center is on average 50 percent less than in a hospital setting. The cost of services will also be predictable and available to patients in advance of the procedure, removing the element of price uncertainty that may keep patients from utilizing health care services. Second, by adding outpatient capacity to the system, the proposed ASC will alleviate existing and future pressures on hospital outpatient departments and reduce backlogs and wait times due to Fanny Allen's closure of five ORs and two procedure rooms in 2020. Third, the ASC will adopt a generous charity care policy in line with hospital policies, which will enable low-income Vermonters to access ASC services for free or discounted costs. In addition, the proposed ASC will offer a smaller-scale, patient-friendly environment. Many patients prefer this to the larger, more institutional hospital environment, which may result in more patients seeking care who need it. Fourth, Collaborative Surgery Center is proposed to be set up as an LLC with a charitable foundation, Collaborative Community Foundation, where 50 percent of distributable profits will be given to areas of health care in the community who show the most need to better the care provided to greater Chittenden County. This charitable mission has been developed solely with Vermonters' overall health care in mind and is explained elsewhere in this application. Whether it is to increase access to primary care, mental health resources, substance abuse counseling, community health education, there are innumerable areas where Vermonters can benefit from an increase in resources which would result in overall better health care.

(5) the project will not have an undue adverse impact on any other existing services provided by the applicant;

The Applicant (Collaborative Surgery Center) does not provide any other existing health care services.

¹²⁵ Owens, Pamela L; Barrett, Marguerite L; Raetzman, Susan; Maggard-Gibbons, Melinda; Steiner, Claudia A. *Surgical Site Infections Following Ambulatory Surgery Procedures*, 311(7) JAMA. 709 (Feb. 19, 2014) <http://jama.jamanetwork.com/article.aspx?articleid=1829988>.

¹²⁶ Munnich, Elizabeth L; Parente, Stephen T. *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) Health Affairs. 764-769 (May 2014). (see pages 766, 768, concluding that "the findings in this article indicate that ASCs are a high-quality, lower-cost substitute for hospitals as venues for outpatient surgery" and finding that ASCs were more efficient than hospital outpatient departments)

¹²⁷ Grisel, Jed; Arjmand, Ellis. *Comparing Quality at an Ambulatory Surgery Center and a Hospital Based Facility: Preliminary Findings*, 141(6) OTOLARYNGOLOGY-HEAD AND NECK SURGERY. 701-709 (Dec. 2009).

(6) the project will serve the public good;

There is no doubt that the project will serve the public good. The proposed ASC will:

- Lower the cost of outpatient procedures to patients, payers and the health care system;
- Quickly and cost-effectively expand access to critical surgical services, such as for orthopedics and pediatric dentistry, where long wait times currently exist;
- Offer a smaller-scale, more personal alternative to hospital-based care, which will facilitate access to health care for a segment of the population;
- Enable patients to schedule procedures quickly and with minimal administrative headache;
- Enable physicians to perform simple procedures efficiently;
- Offer high quality, efficient health care in a patient-friendly setting;
- Attract and support independent physicians, bolstering this network of health care providers so that Vermonters have a diverse network of high value community providers from which to get their care.

More detailed discussion as to how the project serves the public good is included below:

The Board may consider the following factors in determining whether a project will serve the public good under 18 V.S.A. § 9437(6):

(a) Whether the project will help meet the needs of medically underserved groups and the goals of universal access to health services.

The ASC will be a valuable health care resource for the state by offering high quality health care to all Vermonters regardless of ability to pay. The ASC will adopt a charity care policy, a draft of which is attached as **Exhibit 4**, which is in line with, or even more generous than, those offered by Vermont hospitals. In addition, unlike a hospital, the ASC will offer transparent pricing, removing the element of price uncertainty that may prevent some from seeking care who need it. Third, the ASC will be the State's second alternative to hospital-based routine surgical procedures. As described elsewhere, while there are undoubtedly patients who prefer a hospital environment, there are also patients who find hospitals institutional, overwhelming, imposing and difficult to navigate. Vermonters who fit within this rubric do not presently do not have many options for alternative sites of care to hospital-based surgery. The ASC will offer a smaller, more intimate, and accessible site of care, which will enable more Vermonters to access health care without unnecessary stress. And finally, as has been discussed at length elsewhere in this Application, ASCs overall are markedly less expensive than hospital owned outpatient departments. Also, as described throughout this application, Collaborative Surgery Center will be donating 50 percent of profits to Collaborative Community Foundation whose mission will be to distribute the funds to Vermont organizations involved in supporting or delivering primary

care, mental health, and/or child counseling services, or other needed community services. This will directly positively impact serving the medically underserved groups and helping meet the goals of universal access to health services.

(b) Whether the project will help facilitate the implementation of the Blueprint.

The mission of the Blueprint is “integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management”. The Collaborative Surgery Center can help the Blueprint achieve this aim by bringing cost-effective, patient centered care options to the community. This will help patients to get affordable and timely access to care that will help them to maintain health and/or prevent disease, ultimately leading to improved population health and avoidance of costs associated with delayed care. The CSC also is well-suited to help advance health care reform efforts around payment reform that the Blueprint, the state’s ACO, and others, are involved in. The CSC is paid a bundled fee that is knowable in advance and is usually much less expensive than getting the same care at a hospital. Having the ability to direct care to lower cost, high quality, and price transparent options will help to advance these reform efforts.

Furthermore, as part of the Center’s credentialing process, all the specialists operating at the center will sign a ‘Collaborative Care Agreement’ to function as part of an effective care delivery network. Based on Blueprint and national Patient Center Medical Home guidelines, this agreement was developed by practicing physician and outlines the protocols for effective communication among primary care and specialty physicians. The protocols outlined in the agreement enhance the effectiveness of the patient centered medical home and contribute directly to greater continuity of care for all patients. The principles agreed to by all the specialty physicians who will operate at the center, as outlined in the Collaborative Care Agreement, are: (i) timely access to care, (ii) communication, (iii) adherence to widely accepted evidence-based principles of care, and (iv) support of the primary care practice (PCP) as the Medical Home for most patients. Per the ‘Collaborative Care Agreement,’ after a specialist performs a procedure at the center, he or she will provide the patient’s PCP with guidelines and instructions for follow-up care, including parameters for additional consultation.

(c) Whether the applicant has demonstrated it has analyzed the impact of the project on the Vermont health care system and the project furthers effective integration and coordination of health care services.

It is our intention that the ASC will fill an important role within an integrated, coordinated health care system. First, the ASC will fill an essential niche in the health care system by offering a lower cost alternative to hospital-based care for routine cases that do not require extensive resources and do not justify high expenses. The ASC will provide simple surgical services for a cost that is commensurate with complexity. The ASC will not host complicated surgeries or procedures on patients with complex health conditions, both of which would be more appropriately suited for the State’s academic medical center or a local hospital.

Having a second multi-specialty ASC in Vermont will enhance effective coordination and integration of health care services because the ASC will be a valuable low-cost, high-value site

of care for the state's Accountable Care Organizations (ACOs). Part of the work of an ACO is to transform care processes to emphasize more cost-effective pathways that produce similar or better outcomes. A care pathway that leads through the ASC will allow the ACO to take advantage of these cost-savings to help it hit its financial targets, while providing its attributed population with a high-quality care experience. ACOs must also offer convenient and readily available access to surgical care. In the event that there are longer than necessary wait times for important preventive health or other procedures at local hospitals, ACOs may take advantage of the ASC for providing ready access to these procedures.

Also, as described elsewhere in this Application, Collaborative Surgery Center intends to enter into a transfer agreement with UVM Medical Center to coordinate the smooth transfer of patients whose health needs require hospital care to a more appropriate setting. At the same time, we hope that the ASC will provide value to the UVM Medical Center by offering physicians (both hospital-based and independent) an alternative site of care for simple procedures, which will be particularly valuable when the hospital's resources are stressed or when the hospital is experiencing significant backlogs. And as discussed elsewhere in this Application, the ASC intends to utilize local hospitals pharmacy, laboratory, pathology and radiology services to meet the needs of our shared patient population.

(d) Whether the project is consistent with current health care reform initiatives, at the state and federal level.

Federal and state health reform efforts are primarily concerned with lowering the cost of and expanding access to health care, while at the same time maintaining or improving the quality of health care and improving population health. More recently, promotion of price transparency and the curtailment of consolidated markets have emerged as important federal health reform goals. As discussed previously, our proposed ASC addresses all of these concerns. ASCs provide a lower cost option to hospitals for simple surgical procedures. By offering lower costs, transparent pricing knowable in advance, and a generous charity care policy, the project will expand access to health care to those with modest financial means. The proposed ASC will offer a smaller scale, more intimate health care setting, which will be an attractive health care option for those patients who are uncomfortable in a hospital environment. ASCs are associated with high quality health care and high patient satisfaction scores.¹²⁸ The proposed ASC will help attract more surgeons to the area, many who will likely be independent, helping to diversify Vermont's health care market. Lastly, the proposed ASC will offer important diagnostic services which have been shown to improve population health by detecting and enabling treatment of serious health conditions early on.

In addition, as discussed in the previous section, the ASC will provide a valuable low-cost, high-value site of care for the state's ACOs, which are widely viewed as one of the State's most promising health reform tools. For ACOs to succeed, they must have access to convenient, low

¹²⁸ Grisel, Jed; Arjmand, Ellis. *Comparing Quality at an Ambulatory Surgery Center and a Hospital Based Facility: Preliminary Findings*, 141(6) OTOLARYNGOLOGY-HEAD AND NECK SURGERY. 701-709 (Dec. 2009). (see page 701, noting the ASC's "quality advantage" and page 706, noting that patient satisfaction surveys for ASC were positive).

cost and readily available sites of surgical care. Thus, we anticipate that ACOs would benefit from the Collaborative Surgery Center, which will facilitate meeting ACO goals.

Finally, the Collaborative Surgery Center plans to work with the Vermont Program for Quality in Health care (VPQHC) and, with its support, will submit data on surgical outcomes to the ACS-NSQIP clinical database.

(e) Except where circumstances support approval of an emergency Certificate of Need, whether the project was identified prospectively as needed at least two years prior to the time of filing in the hospital's four-year capital plan.

Not applicable

(f) Whether, and if so to what extent, the project will have an adverse impact on the ability of existing facilities to provide medically necessary services to all in need, regardless of ability to pay or location of residence.

As described in Section 2(B)(i) above, this Project will have the most direct impact on the UVM Medical Center. We fully expect that this impact will be immaterial and should not have any effect on the medical center's ability to provide medically necessary services to all in need, regardless of ability to pay. UVM Medical Center is by far the largest health care provider in Vermont, with an annual budget that exceeds that of all other Vermont hospitals combined.¹²⁹ In fact, the Medical Center is consistently ranked among the largest handful of employers in the State. There is simply no likelihood that an ASC of the size and scope that we propose here would have any material impact on the medical center's bottom line and its ability to support a charity care policy.

In addition, to the extent that the ASC will draw patients from the hospital, thereby reducing somewhat the volume of simple, outpatient procedures performed at the UVM Medical Center, we anticipate that the cross section of patients who visit the ASC to look very similar to those of the hospital. That is, the ASC anticipates a patient mix that includes Medicare, Medicaid, commercial payer, self-pay, and charity care patients, all in similar proportions to those of the hospital. The ASC will not select patients based on insurance status.

(7) the applicant has adequately considered the availability of affordable, accessible patient transportation services to the facility; and

The location for the proposed ASC was selected with accessibility in mind. The facility will be located at 525 Hercules Drive in Colchester, Vermont, which is close to several other health care providers and resources including the OneCare Vermont ACO, certain medical offices of the

¹²⁹ The Medical Center's 2022 budget projects \$3,479,180,115 in gross patient revenue. The aggregate projected gross patient revenue for the remaining 13 community hospitals (including Central Vermont Medical Center, which is affiliated with the UVM Medical Center) is \$3,194,600,083. GREEN MOUNTAIN CARE BOARD. *FY22 Individual Hospital Budget Information* (July 13, 2021). https://gmcboard.vermont.gov/hospital_budget_individual_information_FY2022

UVM Medical Center and multiple private practice offices, and a CVS Pharmacy and Costco Pharmacy. The location is easily accessed, just off the interstate, and is a ten-minute drive from the center of Burlington and only five minutes from Winooski. The location will have ample, free, and easily accessible parking, including dedicated handicapped spaces. In addition, the Chittenden County Transportation Authority's (CCTA) Milton Commuter bus stops at nearby Mountain View Drive.¹³⁰ And patients who are eligible for Special Services Transportation Agency (SSTA) may also access the ASC via SSTA transportation.

(8) if the application is for the purchase or lease of new health care information technology, it conforms with the health information technology plan established under section 9351 of this title.

This CON application is not for the purchase or lease of new health care IT.

¹³⁰ *Route 56: Milton Commuter Schedule*, GREEN MOUNTAIN TRANSIT (last accessed July 19, 2021) <https://ridegmt.com/56-milton-commuter/>

IV. CONCLUSION

ASCs have served an important role in health reform efforts outside of Vermont for many years and have established an impressive track record of success by offering high quality care at a reduced cost. Vermont is unusual in that it did not have a single ASC within its borders until 2008, when the state's first ASC, devoted exclusively to eye surgery, opened its doors. Then in 2019, Green Mountain Surgery Center opened as a multi-specialty ASC which has been operating as intended and serving the needs of Vermonters. We believe it is in Vermont's best interest to embrace ASCs as every other state has done. Vermont now has a working model in Green Mountain Surgery Center as an alternative model for delivering surgical care to compliment the State's robust hospital system. Our State has been left behind, as more than 5,700 licensed ASCs have opened nationally, giving those states a competitive advantage over Vermont in reducing health care costs and attracting health care professionals. Our community hospitals provide invaluable services to Vermonters and are a critical health resource that should be supported. But given the health care challenges that we now face, we cannot rely exclusively on hospital-based surgical care, particularly when many of the same procedures can be performed by the same doctors in an outpatient setting for a lower cost, without sacrificing quality or patient satisfaction.

In proposing the Collaborative Surgery Center, we seek not to supplement hospital-based care, but rather to complement it by offering a smaller-scale and more efficient site of care for relatively simple surgical procedures, for a cost that is commensurate with the acuity of the patient. The Center will be an integrated part of Vermont's health care system. It will offer hospitals an alternative to relieve pressure on their surgery rooms during times of peak demand, enabling hospitals to reduce patient wait times and increase the satisfaction of their patients. We hope to pursue collaboration opportunities with community hospitals, such as by offering joint training opportunities and by ordering medical services from the hospitals. The Center will also serve as an important resource for Vermont's ACOs, by enabling patients to be seen faster, in a more efficient manner, and for a lower cost, furthering health reform efforts aimed at improving patient satisfaction and health outcomes, while reducing system costs.

V. INDEX OF TABLES REQUIRED BY THE GREEN MOUNTAIN CARE BOARD

<u>TABLE</u>	<u>DESCRIPTION</u>
1	Project Costs
2	Debt Financing Arrangement: Sources & Uses of Funds
3	Income Statement
4	Balance Sheet
5	Statement of Cash Flows
6	Revenue Source Projections
7	Utilization Projections
8	<i>Omitted</i>
9	Staffing Projections

Note that because Collaborative Surgery Center, LLC was formed exclusively to develop and operate a free-standing ambulatory surgery center and does not conduct or propose to conduct any other business, “without project” financial tables do not appear to apply and “project only” and “with project” financial tables appear to be identical. Thus, for each of Tables 3 through 6 we are not submitting separate Tables A through C, and we are omitting Table 8.

VI. INDEX OF EXHIBITS

<u>EXHIBIT</u>	<u>DOCUMENT(S)</u>
1	CMS-ASC Approved List of Surgeries and Procedures
2	Project Timeline
3	Proposed Floor Plan and Building Elevation
4	Charity Care Policy
5	Quality Improvement Plan
6	Applicable 2018 FGI Guidelines
7	Infection Control Policy
8	Policy of Cooperation
9	Facility Plan for Patient Care

VII. INDEX OF SELECTED CITATIONS

1. John Bian & Michael A. Morrissey, *Free-Standing Ambulatory Surgery Centers and Hospital Surgery Volume*, 44(2) INQUIRY 200 (Summer 2007).
2. Lyndon C. Box, et al. *SCAI position statement on the performance of percutaneous coronary intervention in ambulatory surgical centers*, 2020;96:862-870. CATHETER CARDIOVASCULAR INTERVENTION.
3. Charles Courtemanche & Michael Plotzke, *Does Competition from Ambulatory Surgery Centers Affect Hospital Surgical Output?*, 29(5) J. HEALTH ECON. 765 (Jul. 15 2010).
4. Jed Grisel & Ellis Arjmand, *Comparing Quality at an Ambulatory Surgery Center and a Hospital Based Facility: Preliminary Findings*, 141(6) OTOLARYNGOLOGY-HEAD AND NECK SURG. 701-709 (Dec. 2009).
5. Gabor Mezei & Frances Chung, *Return Hospital Visits and Hospital Readmissions After Ambulatory Surgery*, 230(5) ANNALS OF SURGERY 721, 726 (Nov. 1999).
6. Elizabeth L. Munnich & Stephen T. Parente, *Procedures Take Less Time at Ambulatory Surgery Centers, Keeping Costs Down and Ability to Meet Demand Up*, 33(5) HEALTH AFF. 764, 765 (May 2014).
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8. Pamela L. Owens, Marguerite L. Barrett, Susan Raetzman, Melinda Maggard-Gibbons, & Claudia A. Steiner, *Surgical Site Infections Following Ambulatory Surgery Procedures*, 311(7) J. AM. MED. ASS.'N 709 (Feb. 19, 2014).
9. Jasvinder A. Singh, et al. *Rates of Total Joint Replacement in the United States: Future Projections to 2020-2040 Using the National Inpatient Sample*. Journal Rheumatology First Release
10. Melissa Szabad, Melesa Freerks & Meggan Michelle Bushee, *Reverse Migration?: A Trend of ASC Conversion to HOPD 3* (McGuire Woods, White Paper, 2013).

Exhibit 1

Exhibit 1 - CMS-ASC Approved List

COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER

Exhibit 1
CMS-ASC Approved List of Surgeries and Procedures

Procedure Code	Procedure Description
10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE
10030	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE
10035	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE
10036	PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE
10040	ACNE SURGERY
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE
10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST
10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION
11000	DBRDMT EXTENSVE ECZEMA/INFECT SKN UP 10% BDY SURF
11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF
11004	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR
11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL
11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL
11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION
11010	DBRDMT W/RMVL FM FX&/DISC SKIN&SUBQ TISSUS
11011	DBRDMT W/RMVL FM FX&/DISC SKN SUBQ T/M/F MUSC
11012	DBRDMT FX&/DISC SUBQ T/M/F BONE
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<
11044	DEBRIDEMENT BONE MUSCLE & FASCIA 20 SQ CM/<
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM
11046	DEBRIDEMENT MUSCLE & FASCIA EA ADDL 20 SQ CM
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4
11100	BX SKN SUBCUTANEOUS/MUCOUS MEMBRANE 1 LESION
11101	BIOPSY SKN SUBQ&MUSC/MEMBRANE EA ADDL LESN
11200	REMOVAL SKN TAGS MLT FIBRO TAGS ANY AREA UPW/15
11201	REMOVAL SK TAGS MLT FIBRO TAGS ANY AREA EA 10
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<
11301	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM
11303	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<
11311	SHVG SKN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM
11312	SHVG SKN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM/<
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM
11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G >4.0CM
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM
11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M >4.0CM
11450	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR
11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR
11462	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR
11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR
11470	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR
11471	EXCISION H/P/P/U COMPLEX REPAIR
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG >4.0 CM
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM
11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM
11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM

Procedure Code	Procedure Description
29851	ARTHROSCOPY AID TX SPINER/FX KNEE W/FIXJ
29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNCONDYLAR
29856	ARTHRS AID TIBIAL FX PROX UNCONDYLAR BICONDYLAR
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFRT MOSAI&PLAST
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLU MED/LAT
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX
29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE
29873	ARTHROSCOPY KNEE LATERAL RELEASE
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG
29879	ARTHRS KNEE ABRASION ARTHR/MLT DRLG/MICROFX
29880	ARTHRS KNEE W/MENIS&CTOMY MED/LAT W/SHAVNG
29881	ARTHRS KNE SURG W/MENIS&CTOMY MED/LAT W/SHVG
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECCANS GRFG
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECCANS LESION
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECCANS INT FIXJ
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ
29891	ARTHRS ANKLE EXC OSTCHNDRL DFT W/DRLG DFT
29892	ARTHRS AID RPR LESY/TALAR DOME FX/TIBL PLAFOND FX
29893	ENDOSCOPIC PLANTAR FASCIOTOMY
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS
29900	ARTHROSCOPY METACARPPOPHALANGEAL SYNOVIAL BIOPSY
29901	ARTHRS METACARPPOPHALANGEAL JOINT DEBRIDEMENT
29902	ARTHRS MTCARPPLNGL JT W/RDCTJ UR COLTR. LIGM
29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY
29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT
29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS
29914	ARTHROSCOPY HIP W/FEMOROPLASTY
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY
29916	ARTHROSCOPY HIP W/LABRAL REPAIR
29999	UNLISTED PROCEDURE ARTHROSCOPY
30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH
30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM
30100	BIOPSY INTRANASAL
30110	EXCISION NASAL POLYP SIMPLE
30115	EXCISION NASAL POLYP EXTENSIVE
30117	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR
30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL
30120	EXCISION/SURGICAL PLANING SKN NOSE RHINOPHYMA
30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE
30140	SUBMUCOUS RESCI INFERIOR TURBINATE PRTL/COMPL
30150	RHINECTOMY PARTIAL
30160	RHINECTOMY TOTAL
30200	INJECTION TURBINATE THERAPEUTIC
30210	DISPLACEMENT THERAPY PROETZ TYPE
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE
30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES
30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY
30400	RHINP PRIM LAT&ALAR CRTLG&S/ELVYN NASAL TT
30410	RHINP PRIM COMPLETE XTRNL PARTS
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR
30430	RHINOPLASTY SECONDARY MINOR REVISION
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION
30450	RHINOPLASTY SECONDARY MAJOR REVISION
30460	RHINP DFRM W/COLUM LNTH TIP ONLY
30462	RHINP DFRM COLUM LNTH TIP SEPTUM OSTEO
30465	REPAIR NASAL VESTIBULAR STENOSIS
30520	SEPTOPLASTY/SUBMUCOUS RESCI W/WO CARTILAGE GRF
30540	REPAIR CHOAANAL ATRESIA INTRANASAL
30545	REPAIR CHOAANAL ATRESIA TRANSPALATINE
30560	LYSIS INTRANASAL SYNECHIA
30580	REPAIR FISTULA OROMAXILLARY
30600	REPAIR FISTULA ORONASAL
30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY
30630	REPAIR NASAL SEPTAL PERFORATIONS
30801	ABLTY SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC
30802	ABLTY SOFT TIS INF TURBS UNI/BI SUPFC INTRAMURAL
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX

Procedure Code	Procedure Description
49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS
49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE
49491	RPR 1ST INGUN HRNA PRETERM INFT RDC
49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED
49495	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC
49496	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE
49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE
49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED
49520	RPR RECTR INGUINAL HERNIA ANY AGE REDUCIBLE
49521	RPR RECTR INGUINAL HERNIA ANY AGE INCARCERATED
49525	RPR INGUN HERNIA SLIDING ANY AGE
49540	REPAIR LUMBAR HERNIA
49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE
49553	RPR 1ST FEM HRNA ANY AGE INCARCERATED
49555	RPR RECTR FEM HERNIA REDUCIBLE
49557	RPR RECTR FEM HRNA INCARCERATED
49560	REPAIR FIRST ABDOMINAL WALL HERNIA
49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED
49565	RPR RECTR INCAL/VNT HERNIA REDUCIBLE
49566	RPR LG OMPHALOCELE/GASTROSCISIS W/WO PROSTH
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE
49570	RPR EPIGASTRIC HERNIA REDUCIBLE SPX
49572	RPR EPIGASTRIC HERNIA INCARCERATED
49580	RPR UMBILICAL HERNIA <5 YRS REDUCIBLE
49582	RPR UMBILICAL HERNIA <5 YRS INCARCERATED
49585	RPR UMBILICAL HERNIA 5 YRS/> REDUCIBLE
49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED
49590	RPR SPIGELIAN HERNIA
49600	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE
49605	RPR LG OMPHALOCELE/GASTROSCISIS W/WO PROSTH
49606	RPR LG OMPHALOCELE/GASTROSCISIS RMVL PROSTH
49610	RPR OMPHALOCELE GROSS TYP OPERATION 1ST STG
49611	RPR OMPHALOCELE GROSS TYP OPERATION 2ND STG
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA
49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE
49653	LAP RPR HRNA XCP/INCAL/INGUN NCR&S/STRANGULATED
49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE
49655	LAPS RPR INCISIONAL HERNIA NCR&S/STRANGULATED
49656	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE
49657	LAPS RPR RECURRENT INCAL HRNA NCR&S/STRANGULATED
49659	UNLIS LAPS XCP HRNAP HERNIORRHAPHY HERNIOTOMY
49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN
49904	OMENTAL FLAP EXTRA-ABDOMINAL
49905	OMENTAL FLAP INTRA-ABDOMINAL
49906	FREE OMENTAL FLAP W/MICROVASCULAR ANAST
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM
50010	RNI EXPL X NECESSITATING OTH SPX PRC
50020	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN
50040	NEPHROTOMY/NEPHROTOMY W/DRAINAGE
50045	NEPHROTOMY W/EXPLORATION
50060	NEPHROLITHOTOMY REMOVAL STAGE 1
50065	NEPHROLITHOTOMY SECONDARY FOR CALCULUS
50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY
50075	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1
50080	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY <2 CM
50081	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY >2 CM
50100	TRNSKI/REPOSITIONING ABERRANT RENAL VESSEL SPX
50120	PYELOTOMY W/EXPLORATION
50125	PYELOTOMY W/DRAINAGE PYELOTOMY
50130	PYELOTOMY W/REMOVAL CALCULUS
50135	PYELOTOMY COMPLICATED
50200	RENAL BIOPSY PRG TROCAR/NEEDLE
50205	RENAL BIOPSY SURG EXPOSURE KIDNEY
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCI
50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCI COMPL
50230	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCI RAD
50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC
50236	NEPHRECTOMY TOT URETERECT&BLDR CUFF SEPAR INCISN
50240	NEPHRECTOMY PARTIAL
50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND
50280	EXCISION/UNROOFING CYST KIDNEY
50290	EXCISION PERINEPHRIC CYST
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR
50323	BKBENCH PREP CADAVER DONOR RENAL ALLOGRAFT
50325	BKBENCH PREP LIVING RENAL DONOR ALLOGRAFT
50327	BKBENCH RCNSTJ RENAL ALGRTF VENOUS ANAST EA
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA
50329	BKBENCH RCNSTJ ALGRTF URETERAL ANAST EA
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE
50360	RENAL ALTRNSPL IMPLTJ GRF W/O RCP NEPHRECTOMY
50365	RENAL ALTRNSPL IMPLTJ GRF W/RCP NEPHRECTOMY
50370	RMVL TRNSPLD RENAL ALLOGRAFT
50380	RENAL AUTOTRNSPL REIMPLANTATION KIDNEY

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM
11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM
11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM
11719	TRIMMING NONDYSPLASTIC NAILS ANY NUMBER
11720	DEBRIDEMENT NAIL ANY METHOD 1-5
11721	DEBRIDEMENT NAIL ANY METHOD 6-7
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL
11740	EVACUATION SUBUNGUAL HEMATOMA
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE
11760	REPAIR NAIL BED
11762	RECONSTRUCTION NAIL BED W/GRAFT
11765	WEDGE EXCISION SKIN NAIL FOLD
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS
11901	INJECTION INTRALESIONAL >7 LESIONS
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<
11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM
11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM
11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<
11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC
11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC
11954	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNJSI
11970	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS
11971	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS
11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM
12007	SIMPLE REPAIR SCALP/SINUS/GENIT/TRUNK >30.0CM
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM
12018	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE
12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM
12037	REPAIR INTERMEDIATE S/A/T/E >30.0 CM
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20.0 CM
12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM
12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM
12051	REPAIR INTERMEDIATE F/E/E/N/L/MUC 2.5 CM/<
12052	REPAIR INTERMEDIATE F/E/E/N/L/MUC 2.6-5.0 CM
12053	REPAIR INTERMEDIATE F/E/E/N/L/MUC 5.1-7.5 CM
12054	REPAIR INTERMEDIATE F/E/E/N/L/MUC 7.6-12.5 CM
12055	REPAIR INTERMEDIATE F/E/E/N/L/MUC 12.6-20.0CM
12056	REPAIR INTERMEDIATE F/E/E/N/L/MUC 20.1-30.0CM
12057	REPAIR INTERMEDIATE F/E/E/N/L/MUC >30.0 CM
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<
13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM
13153	REPAIR COMPLEX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<
13160	SECONDARY CLOSURE SURG WOUND/DEHNS EXTVS/COMPLIC
14000	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<
14001	ADJNT TIS TRNSFR/REARRNGT E/N/L/D 10.1-30.0 SQCM
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<
14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM
14040	ADJT TIS TRNSFR/REARGMT F/C/C/M/N/AX/G/H/F 10SQCM/<
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM
14060	ADJT TIS TRNSFR/REARGMT E/N/L/D 10.1-30.0 SQ CM/<
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM
14301	ADJT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/<
14350	FILLETED FINGER/TOE FLAP W/PREP/RECIPIENT SITE
15002	PREP SITE TRUNK/ARM/LEG 150 SQ CM/3PCT

Procedure Code	Procedure Description
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST
30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ
30915	LIGATION ARTERIES ETHMOIDAL
30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC
30999	UNLISTED PROCEDURE NOSE
31000	LAVAGE CANNULATION MAXILLARY SINUS
31002	LAVAGE CANNULATION SPHENOID SINUS
31020	SINUSOTOMY MAXILLARY ANATOMY INTRANASAL
31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS
31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS
31040	PTERIGOMAXILLARY FOSSA SURGERY ANY APPROACH
31050	SINUSOTOMY SPHENOID W/WO BIOPSY
31051	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP
31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL
31080	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC
31081	SINUSOT FRNT OBLT W/O OSTPL FLAP CORONAL INC
31084	SINUSOT FRNT OBLT W/OSTPL FLAP BROW INC
31085	SINUSOT FRNT OBLT W/OSTPL FLAP CORONAL INC
31086	SINUSOT FRNT NONOBLT W/OSTPL FLAP BROW INC
31087	SINUSOT FRNT NONOBLT W/OSTPL FLAP CORONAL INC
31090	SINUSOT UNI 3/3-PARANSL SINUSES
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR
31201	ETHMOIDECTOMY INTRANASAL TOTAL
31205	ETHMOIDECTOMY EXTRANASAL TOTAL
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION
31230	MAXILLECTOMY W/ORBITAL EXENTERATION
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX
31233	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY
31235	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY
31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX
31238	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG
31239	NASAL/SINUS NDSC SURG W/CONCHO TORRHINOSTOMY
31240	NASAL/SINUS NDSC SURG W/MEDIA/INF ORB WALL DCMPRN
31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANATOMY
31267	NSL/SINUS NDSC MAX ANTRST W/RMVL TISS MAX SINUS
31276	NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION
31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS
31290	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK ETHMOID
31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID
31292	NSL/SINUS NDSC SURG W/MEDIA/INF ORB WALL DCMPRN
31293	NASAL/SINUS NDSC MEDIAL ORB&N ORB WALL DCMPR
31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN
31295	NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS
31299	UNLISTED PROCEDURE ACCESSORY SINUSES
31300	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY
31320	LARYNGOTOMY THYROTOMY LARYNGOFISSURE DX
31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION
31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION
31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ
31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NECK DSJ
31370	PARTIAL LARYNGECTOMY HEMILARYNGECTOMY HORIZONTAL
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL
31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL
31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO VERTICAL
31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ
31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ
31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH
31420	EPIGLOTTIDECTOMY
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX
31510	LARYNGOSCOPY INDIRECT W/BIOPSY
31511	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY
31512	LARYNGOSCOPY INDIRECT W/REMOVAL LESION
31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION
31515	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION
31520	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN
31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN
31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE
31527	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR
31528	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN
31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ
31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL
31531	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY
31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE
31540	LARGSC EXC TUM&/STRIPING CORDS/EP/PIGLOTT
31541	LARGSC EXC TUM&/STRPG CORDS/EP/IGL MCRSCP/TLSCP
31545	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP
31546	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT
31551	LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS
31552	LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >
31553	LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS
31554	LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >
31560	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY
31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE

Procedure Code	Procedure Description
50382	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ
50384	REMOVAL INDWELLING URETERAL STENT PRQ
50385	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRLL
50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL
50387	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH
50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE
50390	ASPIR & NIX RENAL CYST/PELVIS NEEDLE PRQ
50391	INSTL THER AGENT RENAL PELVIS&/URETER VIA TUB
50395	INTRO GUIDE PELVIS&/URETER W/DILAT NFROS TRACT
50396	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH
50400	PYELOPLASTY SIMPLE
50405	PYELOPLASTY COMPLICATED
50430	NIX PX ANTEGRDE NFROSGRM & URTRGRM NEW ACCESS
50431	NIX PX ANTEGRDE NFROSGRM & URTRGRM EXSTNG ACCESS
50432	PLMT NEPHROTOMY CATH PRQ NEW ACCESS RS&I
50433	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I
50434	CONVERT NEPHROTOMY CATH TO NEPHROURTRL CATH PRQ
50435	EXCHANGE NEPHROTOMY CATHETER PRQ W/IMG GID RS&I
50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY
50520	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA
50525	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR
50526	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR
50540	SYMPHYOTOMY HORSESHOE KDN W/WO PLOP UNI/BI
50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS
50542	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY
50544	LAPAROSCOPY SURG PYELOPLASTY
50545	LAPAROSCOPY RADICAL NEPHRECTOMY
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT
50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR
50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL
50551	RENAL ENDOSCOPY NEPHROTOMY W/WO IRRIGATION
50553	RENAL NDSC NEPHROT W/URETERAL CATH W/WO DILA
50555	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY
50557	RENAL NDSC NEPHROS/PYELOSTOMY FUL&/INC W/WO BI
50561	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS
50562	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR
50570	RENAL NDSC NEPHROTOMY W/WO IRRIGATION
50572	RNL NDSC NFROT W/URTRL CATHI W/O DILAT URETER
50574	RENAL NDSC NEPHROTOMY W/BIOPSY
50575	RNL NDSC NFROT W/ENDOPYELOSTOMY
50576	RNL NDSC NFROT FULGURATION & INCISION W/WO BX
50580	RNL NDSC NFROT W/PLMT W/RMVL FB/CALCULUS
50590	LITHOTRIPSY XTRCORP SHOCK WAVE
50592	ABLTJ 1/3- RENAL TUMOR PRQ UNI RADIOFREQUENCY
50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY
50600	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE
50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES
50606	ENDOLUMINAL BX URTR & RNL PELVIS NONENDOSCOPIC
50610	URTRROLITHOTOMY UPPER ONE-THIRD URETER
50620	URTRROLITHOTOMY MIDDLE ONE-THIRD URETER
50630	URTRROLITHOTOMY LOWER ONE-THIRD URETER
50650	URETERECTOMY W/BLADDER CUFF SEPARATE PROCEDURE
50660	URETERECTOMY TOT ECTOPIE URETER CMBN APPR
50684	INI PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH
50686	MANOMETRIC STDS THRU URTRST/NDWELLG URTRL CATH
50688	CHNG URTRST TUBE/XTRNL ACCESSIBLE STENT LEAL
50690	NIX VISUALIZATION ILEAL CONDUIT&/URETEROPYLOG
50693	PLMT URTRL STNT PRQ PRE-EXISTING NFROS TRACT
50694	PLMT URTRL STNT PRQ NEW ACCESS W/O SEP NFROS CATH
50695	PLMT URTRL STNT PRQ NEW ACCESS W/SEP NFROS CATH
50700	URETEROPLASTY PLASTIC OPERATION URETER
50705	URETERAL EMBOLIZATION/OCCCLUSION W/IMG GID RS&I
50706	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I
50715	URETEROLYSIS W/WORPSP URETER RETROPERIT FIBROSIS
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME
50725	URTROLSS RETROCAVAL URTR W/REANST
50727	REVJ URINARY-CUTANEOUS ANASTOMOSIS
50728	REVJ UR-CUTAN ANAST RPR FSCAL DFC&T & HERNIA
50740	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR
50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX
50760	URETEROURETEROSTOMY
50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR
50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER
50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR
50783	URETERONEOCYSTOSTOMY W/URETERAL TAILORING
50785	URTRONEOCYSTOSTOMY W/YESICO-PSOAS HITCH/BLDR FLAP
50800	URETEROENTEROSTOMY ANAST URETER INTESTINE
50810	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO
50815	URETEROILEAL CONDUIT/INTESTINE ANASTOMOSIS
50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS
50825	CONTINENT DVRI W/INT ANAST ANY SGM SM&/LG INSTN
50830	URINARY UNIDIVERSION
50840	RPLCMT ANL/PART URETER INTESTINE SGM W/ANAST
50845	CUTANEOUS APPENDICCO-VELOCOSTOMY
50860	URETEROSTOMY TRANSPLANTATION URETER SKIN
50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE
50920	CLOSURE URETEROCUTANEOUS FISTULA
50930	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR
50940	DELIIGATION URETER
50945	LAPAROSCOPY URTRROLITHOTOMY
50947	LAPS URTRONEOCYSTOSTOMY W/CST&URTRL STENT PLMT

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT
15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT
15040	HARVEST SKIN TISSUE CLTR SKIN AGRF 100 CM/<
15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM
15100	SPLIT AGRFT T/A/L 1ST 100 CM/EA 1% BDY INF/CHLD
15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INF/CHLD
15110	EPIDRM AGRFT T/A/L 1ST 100 CM/EA 1% BDY INF/CHLD
15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INF/CHLD
15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<
15116	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<1 %
15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %
15130	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM
15131	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA
15135	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100
15136	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA
15150	CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<
15151	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM
15152	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BDY AREA
15155	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<
15156	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM
15157	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<
15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<
15240	FTH/GFT FR W/DIR CLSR F/C/M/N/AX/G/H/F 20 CM/<
15241	FTH/GFT FR W/DIR CLSR F/C/M/N/AX/G/H/F EA20CM/<
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/LE 20 SQ CM/<
15261	FTH/GFT FREE W/DIR CLSR N/E/LE EA 20 SQ CM/<
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM <1ST 25
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM
15274	APP SKN SUB GRFT T/A/L AREA/=100SQCM ADL 100SQCM
15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM
15276	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM EA ADDL25SQ CM
15277	SUB GRFT F/S/N/H/F/G/M/D >/= 100SQCM 1ST 100SQ CM
15278	SUB GRFT F/S/N/H/F/G/M/D >/= 100SQCM ADL 100SQ CM
15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK
15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS
15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F
15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL
15600	DELAY FLAP/SECTIONING FLAP TRUNK
15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS
15620	DELAY FLAP/SECTIONING FLAP F/C/M/N/AX/G/H/F
15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS
15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION
15731	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE
15732	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP HEAD&NCK
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK
15736	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR
15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR
15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY
15750	FLAP NEUROVASCULAR PEDICLE
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS
15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA
15770	GRAFT DERMA-FAT-FASCIA
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS
15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT
15780	DERMABRASION TOTAL FACE
15781	DERMABRASION SEGMENTAL FACE
15782	DERMABRASION REGIONAL OTHER THAN FACE
15783	DERMABRASION SUPERFICIAL ANY SITE
15786	ABRASION 1 LESION
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS
15788	CHEMICAL PEEL FACIAL EPIDERMAL
15789	CHEMICAL PEEL FACIAL DERMAL
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL
15793	CHEMICAL PEEL NONFACIAL DERMAL
15819	CERVIPOPLASTY
15820	BLEPHAROPLASTY LOWER EYELID
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD
15822	BLEPHAROPLASTY UPPER EYELID
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN
15824	RHYTIDECTOMY FOREHEAD
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING
15826	RHYTIDECTOMY GLABELLAR FROWN LINES
15828	RHYTIDECTOMY CHEEK CHIN & NECK
15829	RHYTIDECTOMY SMAS FLAP
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY
15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG
15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM
15837	EXC EXCESSIVE SKIN & SUBQ TISSUE FOREARM/HAND
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA
15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT

Procedure Code	Procedure Description
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC
31571	LARGSC W/NIX VOCAL CORD THER W/MICRO/TELESCOPE
31572	LARYNGOSCOPY FLEXIBLE ABLATI DESTJ LESION(S) UNI
31573	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI
31574	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI
31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC
31576	LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)
31577	LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)
31578	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER
31579	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY
31580	LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION
31584	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS
31587	LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT
31590	LARYNGEAL REINNERVATION NEUROUSCULAR PEDICLE
31591	LARYNGOPLASTY MEDIALIZATION UNILATERAL
31592	CRICOTRACHEAL RESECTION
31595	SECTION RECURRENT LARYNGEAL NERVE THER UNI SPX
31599	UNLISTED PROCEDURE LARYNX
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE
31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL
31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS
31611	CONSTJ TRACHEOSOPHGL FSTL/INSJ SP PROSTH
31612	TRACHEAL PNXR PRG W/TRANSTRACHEAL ASPHR&NIX
31613	TRACHEOSTOMA REVJ SMPPL W/O FLAP ROTATION
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION
31615	TRACHEOBRNCHSC THRU EST TRACHS INC
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX
31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE
31625	BRNCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES
31626	BRNCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT
31627	BRNCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION
31628	BRNCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE
31629	BRNCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&BRON
31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX
31631	BRNCHOSCOPY W/PLACEMENT TRACHEAL STENT
31632	BRNCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE
31633	BRNCHOSCOPY W/TRANSBRONCHIAL NDL ASPHR BX EA LOBE
31634	BRNCHOSCOPY BALLOON OCCLUSION
31635	BRNCHOSCOPY W/REMOVAL FOREIGN BODY
31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRNCHUS
31637	BRNCHOSCOPY EACH MAJOR BRNCHUS STENTED
31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PRELV SESS
31640	BRNCHOSCOPY W/EXCISION TUMOR
31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL
31645	BRNCHSC W/THER ASPHR TRACHEOBRNCL TREE 1ST
31646	BRNCHSC W/THER ASPHR TRACHEOBRNCL TREE SBSC
31647	BRNCHSC OCCLUSION&INSERT BRNCH VALVE INIT LOBE
31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL
31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL
31651	BRNCHSC OCCLUSION&INSERT BRNCH VALVE ADDL LOBE
31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX
31653	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX
31654	BRNCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES
31660	BRNCHOSCOPY THERMOPLASTY ONE LOBE
31661	BRNCHOSCOPI THERMOPLASTY 2/> LOBES
31717	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY
31720	CATHETER ASPIRATION NASOTRACHEAL SPX
31725	CATH ASPHR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX
31730	TRRACH INTRO NDL WIRE DIL/STENT/TUBE QZ OTHER
31750	TRACHEOPLASTY CERVICAL
31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLU EA STG
31760	TRACHEOPLASTY INTRATHORACIC
31766	CARINAL RECONSTRUCTION
31770	BRNCHOPLASTY GRAFT REPAIR
31775	BRNCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS
31780	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA
31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC
31785	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL
31786	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC
31800	SUTURE TRACHEAL WOUND/INJURY CERVICAL
31805	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC
31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR
31825	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR
31830	REVISION TRACHEOSTOMY SCAR
31899	UNLISTED PROCEDURE TRACHEA BRONCHI
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL
32098	THORACTOMY W/BIOPSY OF PLEURA
32100	THORACTOMY WITH EXPLORATION
32110	THORCOM CTRL TRAUIMCT HEMRRG&RPR LNG TEAR
32120	THORACTOMY POSTOPERATIVE COMPLICATIONS
32124	THORACTOMY OPN INTRAPLEURAL PNEUMONOLYSIS
32140	THORCOM W/REMOVAL OF CYST
32141	THORACTOMY W/RESECTION BULLAE
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP
32151	THORCOM W/RMVL IPUPL FB
32160	THORACTOMY W/CARDIAC MASSAGE

Procedure Code	Procedure Description
50948	LAPS URTRONEOCSTOST W/O CSTS&URTRL STENT PLMT
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER
50951	URETERAL ENDOSCOPY VIA URETEROSTOMY
50953	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETR
50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY
50957	URETERAL ENDOSCOPY W/DEST&INC W/WO BIOPSY
50961	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE
50970	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING
50972	NDSC URETEROTOMY URTRL CATHI W/WO DILAT URETR
50974	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX
50976	URETERAL ENDOSC VIA URETEROT W/DEST&INC W/WO BX
50980	NDSC URETEROTOMY RMVL FB/CALCULUS
51020	CYSTOTOMY/CYSTOSTOMY FULG&INSJ RADACT MATRL
51030	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES
51040	CYSTOTOMY CYSTOTOMY W/DRAINAGE
51045	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX
51050	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS
51060	TRANSVESICAL URETEROLITHOTOMY
51065	CYSTOTOMY W/CALCULUS BASKET XTR&B/FRAGMENTATIO
51080	DRG PRIVESICAL/PREXISION SPACE ABCS
51100	ASPIRATION BLADDER NEEDLE
51101	ASPIRATION BLADDER TROCAR/INTRACATHETER
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER
51500	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR
51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK
51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE
51530	CYSTOTOMY EXCISION BLADDER TUMOR
51535	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCOLE
51550	CYSTOTOMY PARTIAL SIMPLE
51555	CYSTOTOMY PARTIAL COMPLICATED
51565	CSTC PRTL W/R/IMPLTI URTR IN BLDR URTRONEOCSTOST
51570	CYSTOTOMY COMPLETE SEPARATE PROCEDURE
51575	CYSTOTOMY W/BI PELVIC LYMPHADENECTOMY
51580	CYSTOTOMY W/URETEROSIGMOIDOSTOMY W/NODES
51585	CYSTOTOMY W/URETEROSIGMOID BI PELV LYMPH NODES
51590	CSTC COMPL W/URTRIOLEAL CONDUIT/BLDR W/INT ANAST
51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC
51596	CSTC COMPL W/CONTINENT DVRI OPN NEBLDR
51597	PELVIC EXENTERATION COMPLETE MAUGNANCY
51600	NIX CSTOGRAPHY/VOIDING URETHROCTOGRAPHY
51605	NIX & PLACEMENT CHAIN CONTRAST/URETHROCTOGRAPHY
51610	NIX RETROGRADE URETHROCTOGRAPHY
51700	BLDR IRRIGATION SMPL LAVAGE &INSTJ
51701	INSJ NON NDWELLG BLADDER CATHETER
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE
51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED
51705	CHANGE CYSTOTOMY TUBE SIMPLE
51710	CHANGE CYSTOTOMY TUBE COMPLICATED
51715	NDSC NIX IMPLT MATRL URTR&BLDR NCK
51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT
51725	SIMPLE CYSTOMETROGRAM
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING
51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES
51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL
51736	SIMPLE UROFLOMETRY
51741	COMPLEX UROFLOMETRY
51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL
51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ
51792	STIMULUS EVOKED RESPONSE
51797	VOID PRESSURE STUDIES INTRAABDOMINAL
51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP
51800	CSTOPLASTY/CSTOURTP PLSTC ANY
51820	CSTOURTP W/UNI/BI URTRONEOCSTOST
51840	ANT VESICUURETHROPEXY/URETHROPEXY SMPL
51841	ANT VESICUURETHROPEXY/URETHROPEXY COMP
51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL
51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SMPLE
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED
51880	CLOSURE CYSTOTOMY SEPARATE PROCEDURE
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH
51920	CLOSURE VESICOUTERINE FISTULA
51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY
51940	CLOSURE EXSTROPY BLADDER
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS
51980	CUTANEOUS VESICOSTOMY
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT
51992	LAPAROSCOPY SLING OPERATION STRESS INCONT
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER
52000	CYSTOURETHROSCOPY
52001	CYSTO W/RRIG & EVAC MULTIPLE OBSTRUCTING CLOTS
52005	CYSTO BLADDER W/URETHRAL CATHETERIZATION
52007	CYSTO W/URTRL CATHI BRUSH BX URTR&/RENAL PELVIS
52010	CYSTO W/EJACULATORY DUCT CATHETERIZATION
52204	CYSTOURETHROSCOPY WITH BIOPSY
52214	CYSTO W/DESTRUCTION OF LESIONS
52224	CYSTO W/REMOVAL OF LESIONS SMALL
52234	CYSTO W/REMOVAL OF TUMORS SMALL
52235	CYSTOURETHROSCOPY W/DEST &RMVL WND BLADDER TUM
52240	CYSTOURETHROSCOPY W/DEST &RMVL TUMOR LARGE
52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOXB/FULG
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH
52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHIA

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
15841	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT
15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG
15845	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR
15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN
15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON
15852	DRESSING CHANGE UNDER ANESTHESIA
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK
15877	SUCTION ASSISTED LIPECTOMY TRUNK
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY
15920	EXC COCCYGEAL PR ULC W/COCCYGETOMY W/PRIM SUTR
15922	EXC COCCYGEAL PR ULC W/COCCYGETOMY W/FLAP CLSR
15931	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE
15933	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY
15934	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR
15935	EXC SACRAL PR ULCER W/SKIN FLAP CLSR W/OSTECTOMY
15936	EXC SAC PR ULC PREPI MUSC/MYOQ FLAP/SKN GRF CLSR
15937	EXC SAC PR ULC PREPI MUSC/MYOQ FLAP/SKN GRF OSTC
15940	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE
15941	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIET
15944	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE
15945	EXC ISCHIAL PR ULC W/SKIN FLAP CLSR W/OSTECTOMY
15946	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN
15950	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR
15951	EXC TROCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY
15952	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE
15953	EXC TROCHNTRIC PR ULC W/SKIN FLAP CLSR W/OSTECTOMY
15956	EXC TROCHANTERIC PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN
15958	EXC TROCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC
15999	UNLISTED PROCEDURE EXCISION PROCEDURE ULCER
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/5BSQ SMALL
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/5BSQ MEDIUM
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/5BSQ LARGE
16035	ESCHAROTOMY FIRST INCISION
16036	ESCHAROTOMY EACH ADDITIONAL INCISION
17000	DESTRUCTION PREMAALIGNANT LESION 1ST
17003	DESTRUCTION PREMAALIGNANT LESION 2-14 EA
17004	DESTRUCTION PREMAALIGNANT LESION 15/-
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM
17107	DSTRI CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM
17108	DSTRI CUTANEOUS VASCULAR LESIONS >50.0 SQ CM
17110	DESTRUCTION BENIGN LESIONS UP TO 14
17111	DESTRUCTION BENIGN LESIONS 15/-
17250	CHEMICAL CAUTERIZATION GRANULATION TISSUE
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/-
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG >4.0 CM
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM
17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM
17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM
17276	DSTRI MAL LESION S/N/H/F/G LESION DIAM >4.0 CM
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/-
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM
17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM
17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM
17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM
17286	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS
17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE
17360	CHEMICAL EXFOLIATION ACNE
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE
19000	PUNCTURE ASPIRATION CYST BREAST
19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST
19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP
19030	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM
19081	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID
19082	BX BREAST W/DEVICE ADDL LESION STEREOTACTIC GUID
19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID
19084	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID
19085	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID
19086	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID
19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX
19101	BIOPSY BREAST OPEN INCISIONAL
19105	ABLTI CRYOSURGICAL W/US/GID EA FIBROADENOMA
19110	NIPPLE EXPLORATION
19112	EXCISION LACTIFEROUS DUCT FISTULA
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/- LESION
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES
19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL
19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS

Procedure Code	Procedure Description
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX
32220	DECORTICATION PULMONARY TUMOR SEPARATE PROCEDURE
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC
32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE
32320	DECORTICATION & PARIETAL PLEURECTOMY
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE
32405	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE
32440	REMOVAL OF LUNG PNEUMONECTOMY
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY
32488	RMVL LUNG OTHER THAN PNUMEC COMPLETION PNUMEC
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG
32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ
32504	RESCJ APICAL LUNG TUMOR W/PLEURA WALL RCNSTJ
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL
32507	THORACOTOMY W/O WEDGE RESEXN & ANATOM LUNG RESE
32540	EXTRAPLEURAL ENUCLEATION EMPHYEMA EMPHYECTOMY
32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL
32552	RMVL NDWELLV TUNNELED PLEURAL CATHETER W/CUFF
32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRX 1/MLT
32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING
32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING
32556	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING
32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING
32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS
32561	INSTLJ VIA CH TUBE/CATH AGENT FBRLNYS 1ST DAY
32562	INSTLJ CH TUBE/CATH AGENT FBRLNYS 5BSQ DAY
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL
32609	THORACOSCOPY WITH BIOPSIES OF PLEURA
32650	THORACOSCOPY W/PLEURODESIS
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION
32652	THRSCT TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT
32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE
32655	THORACOSCOPY W/RESECTION BULLAE W/O PLEURAL PX
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC
32659	THRSCT CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE
32664	THORACOSCOPY W/THORACIC SYMPATHETOMY
32665	THORACOSCOPY W/JESOPHAGOMYOTOMY HELLER TYPE
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN
32669	THORACOSCOPY W/SEGMENTECTOMY
32670	THORACOSCOPY W/BILOBECTOMY
32671	THORACOSCOPY W/PNEUMONECTOMY
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL
32674	THORCOSCPY W/MEDIASTNL & REGIONAL LYMPHEDENCTOMY
32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPHYEMA
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC
32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR
32851	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS
32852	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS
32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS
32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI
32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL
32906	THORACOP SCHEDE TYP/TRP/LEURAL CLSR BRNCP/PLR FSTL
32940	PNEUMONOLYSIS XTRP/OSTEAL W/FILLING/PACKING PX
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR
32997	TOTAL LUNG LAVAGE UNILATERAL
32998	ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI
32999	UNLISTED PROCEDURE LUNGS & PLEURA
33010	PERICARDIOCENTESIS INITIAL
33011	PERICARDIOCENTESIS SUBSEQUENT
33015	TUBE PERICARDIOTOMY
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY
33025	CRTJ PERICARDIAL WINDOW/PRTL RESCJ W/DRG/BX
33030	PRI/CARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS
33031	PRI/CARDIECTOMY STOT/COMPL W/CARDPULM BYPASS
33050	RESECTION PERICARDIAL CYST/TUMOR
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BVP

Procedure Code	Procedure Description
52270	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE
52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE
52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE
52277	CYSTOURETHROSCOPY W/RESECI EXTERNAL SPHINCTER
52281	CYSTO CALIBRATION DILAT URTL STRIK/STENOSIS
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT
52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER
52290	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI
52300	CYSTO W/RESECI/FULG ORTHOPIC URETEROCELE UNI/BI
52301	CYSTO W/RESECI ECTOPIC URETEROCELE UNI/BI
52305	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT
52315	CYSTO W/COMPLEX REMOVAL STONE & STENT
52317	LITHOLAPAXY SMP/LSM <2.5 CM
52318	LITHOLAPAXY COMP/LG > 2.5 CM
52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS
52325	CYSTO FRAGMENTATION URETERAL STONE
52327	CYSTO W/SUBURTRIC NIX I/MLPT MATRL
52330	CYSTO MANI W/O RMVL URETERAL STONE
52332	CYSTO W/INSERT URETERAL STENT
52334	CYSTO INSJ URTRL GD WIRE PRG NFROS RTRGR
52341	CYSTO W/TX URETERAL STRICTURE
52342	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE
52343	CYSTO W/TX INTRA-RENAL STRICTURE
52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE
52345	CYSTO W/URTROSCOPY W/TX URTRPEL JUNCT STRIX
52346	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE
52351	CYSTO W/URTROSCOPY&PYELOSCOPY DX
52352	CYSTO W/URETEROSCOPY W/RMVL/MANI STONES
52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY
52354	CYSTO/PYELOSOPY BX&FULGURATION PELVIC LESION
52355	CYSTO/PYELOSOPY RESCI PELVIC TUMOR
52356	CYSTO/URETERO W/LITHOTRIPSY BINDOWELL STENT INSR
52400	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS
52402	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE
52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL
52450	TRANSURETHRAL INCISION PROSTATE
52500	TRANSURETHRAL RESECTION BLADDER NECK
52601	TRURL ELECTROURG RESCJ PROSTATE BLEED COMPLETE
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION
52700	TRURL DRAINAGE PROSTATIC ABSCESS
53000	URTI/URTS XTRNL SPX PENDULOUS URETHRA
53010	URETHROTOMY/URETHROTOMY XT SPX PERINEAL URETHRA
53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT
53025	MEATOTOMY CUTTING MEATUS SPX INFANT
53040	DRAINAGE DEEP PERIURETHRAL ABSCESS
53060	DRG OF SKEEN'S GLAND ABSCESS OR CYST
53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX
53085	DRG PERINEAL URINARY XTRVASATION COMPLIC
53200	BIOPSY URETHRA
53210	URETHRECTOMY TOT W/CYSTOST FEMALE
53215	URETHRECTOMY TOT W/CYSTOST MALE
53220	EXC/FULGURATION CARCINOMA URETHRA
53230	EXC URETHRAL DIVERTICULUM SPX FEMALE
53235	EXC URETHRAL DIVERTICULUM SPX MALE
53240	MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE
53250	EXCISION OF BULBOURETHRAL GLAND
53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA
53265	EXC/FULGURATION URETHRAL CARUNCLE
53270	EXCISION OR FULGURATION SKENES GLANDS
53275	EXCISION/FULGURATION URETHRAL PROLAPSE
53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX
53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION
53410	URETHROPLASTY 1 STG RCNST MALE ANTERIOR URETHRA
53415	URTP TRANSPUBIC/PRLN 1 STG RCNST/RPR URT
53420	URTP 2-STG RCNSTJ/RPR PROSTATJ/URETHRA 1ST STAGE
53425	URTP 2-STG RCNSTJ/RPR PROSTATJ/URETHRA 2ND STAGE
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA
53431	URTP W/TUBULARIZATION POST URTR/LWR BLDR
53440	SLING OPERATION CORR MALE URINARY INCONTINENCE
53442	RMVL/REVIJ SLING MALE URINARY INCONTINENCE
53444	INSERTION TANDEM CUFF
53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER
53446	RMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER
53447	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC
53448	RMVL & RPLCMT NFLTL NCK SPHINCTR THRU INFC FLD
53449	RPR NFLTL URETHRAL/BLADDER NECK SPHINCTER
53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT
53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM
53500	URETHROLSS TRVG SEC OPN W/CSTO
53502	URETHRORRHAPHY SUTR URETHRAL WOUND/INI FEMALE
53505	URETHRORRHAPHY SUTR URETHRAL WOUND/INI PENILE
53510	URETHRORRHAPHY SUTR URETHRAL WOUND/INI PERINEAL
53515	URTORR SUTR URETHRAL WND/INI PROSTATOMEMBRANOUS
53520	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX
53600	DILAT URETHRAL STRIX DILATOR MALE 1ST

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
19271	EXC CHEST TUMOR W/RCNSTJ W/O MEDSTNL LMPHADEC
19272	EXC CHEST TUMOR W/RCNSTJ W/MEDSTNL LMPHADEC
19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE
19282	PERQ DEVICE PLACEMENT BREAST LOC EA LESION W/GDNCE
19283	PERQ BREAST LOC DEVICE PLACEMENT 1ST STRTCTC GDNCE
19284	PERQ BREAST LOC DEVICE PLACEMENT EA LESION STRTCTC
19285	PERQ BREAST LOC DEVICE PLACEMENT 1ST LESIO US IMAG
19286	PERQ BREAST LOC DEVICE PLACEMENT EACH LES US IMAGE
19287	PERQ BREAST LOC DEVICE PLACEMENT 1ST LESIO MR GUID
19288	PERQ BREAST LOC DEVICE PLACEMENT ADD LESIO MR GUID
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST
19300	MASTECTOMY GYNECOMASTIA
19301	MASTECTOMY PARTIAL
19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY
19303	MASTECTOMY SIMPLE COMPLETE
19304	MASTECTOMY SUBCUTANEUS
19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES
19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES
19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN
19316	MASTOPEXY
19318	REDUCTION MAMMAPLASTY
19324	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT
19328	REMOVAL INTACT MAMMARY IMPLANT
19330	REMOVAL MAMMARY IMPLANT MATERIAL
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ
19350	NIPPLE/AREOLA RECONSTRUCTION
19355	CORRECTION INVERTED NIPPLES
19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNJS
19361	BRST RCNSTJ W/LATMS D/SI FLAP WO PRSTHC IMPL
19364	BREAST RECONSTRUCTION FREE FLAP
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE
19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE
19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST
19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST
19371	PERIPROSTHETIC CAPSULECTOMY BREAST
19380	REVISION RECONSTRUCTED BREAST
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT
19499	UNLISTED PROCEDURE BREAST
20005	I&D SOFT TISSUE ABSCESS SUBFASC
20100	EXPLORATION PENETRATING WOUND SPX NECK
20101	EXPLORATION PENETRATING WOUND SPX CHEST
20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY
20150	EXCISION EPIPHYSAL BAR
20200	BIOPSY MUSCLE SUPERFICIAL
20205	BIOPSY MUSCLE DEEP
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL
20225	BIOPSY BONE TROCAR/NEEDLE DEEP
20240	BIOPSY BONE OPEN SUPERFICIAL
20245	BIOPSY BONE OPEN DEEP
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL
20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC
20501	INJECTION SINUS TRACT DIAGNOSTIC
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP
20526	INJECTION THERAPEUTIC CARPAL TUNNEL
20527	INJECTION ENZYME PALMAR FASCIAL CORD
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/4 MUSCLES
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMNT
20600	ARTHROCENTESIS ASPIR&/INI SMALL JT/BURSA W/O US
20604	ARTHROCENT ASPIR&/INI SMALL JT/BURSAW/JUS REC RPRT
20605	ARTHROCENTESIS ASPIR&/INI INTERM JT/BURS W/O US
20606	ARTHROCENTESIS ASPIR&/INI INTERM JT/BURS W/US
20610	ARTHROCENTESIS ASPIR&/INI MAJOR JT/BURSA W/O US
20611	ARTHROCENTESIS ASPIR&/INI MAJOR JT/BURSA W/US
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATI
20615	ASPIRATION & INJECTION TREATMENT BONE CYST
20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX
20660	APPL CRANIAL TONG/STRICTCT FRAME W/REMOVAL SPX
20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL
20662	APPLICATION HALO PELVIC INCLUDING REMOVAL
20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL
20664	APPL HALO 6/+ PINS THIN SKULL OSTEOLOGY
20665	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE
20680	REMOVAL IMPLANT DEEP
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM
20693	ADJUSTMENT/REVI XTRNL FIXATION SYSTEM REQ ANES
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES
20696	XTRNL FIXI W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ
20697	XTRNL FIXI W/STRCTCT ADJUSTMENT EXCHANGE STRUT
20802	REPLANTATION ARM COMPLETE AMPUTATION

Procedure Code	Procedure Description
33130	RESECTION EXTERNAL CARDIAC TUMOR
33140	TRANSMYOCARDIAL LASER REVASCLAR THORACOTOMY SPX
33141	TRANSMYOCARD LASER REVC PFRMD TM OTH OPN CAR PX
33202	INSERTION EPICARDIAL ELECTRODE OPEN
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANSV ELTRD ATRIAL
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX
33212	INS PM PLS GEN W/EXIST SINGLE LEAD
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB
33220	RPR 2 TRANSVNS ELTRDS PRM PM/IMPLANTABLE DFB
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR
33224	INSJ ELTRD CAR VEN SYS ATCH PREV PM/DFB PLS GEN
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PLS GEN
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD
33227	REMLV PERM PM PLS GEN W/REPL PLS GEN SNGL LEAD
33228	REMLV PERM PM PLS GEN W/REPL PLS GEN 2 LEAD SYS
33229	REMLV PERM PM PLS GEN W/REPL PLS GEN MULT LEAD
33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR
33235	RMVL TRANSVNS PM ELTRD DUAL THORAC
33236	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS
33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM
33244	RMVL 1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS
33254	ABLATION & RECONSTRUCTION ATRIA LIMITED
33255	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS
33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS
33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE
33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP
33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS
33262	RMVL IMPLTBL DFB PLS GEN W/REPL PLS GEN 1 LEAD
33263	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN 2 LD
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD
33265	NSDC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPASS
33266	NSDC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS
33270	INSJ/RPLCMT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB
33282	IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER
33284	RMVL IMPLANTABLE PT-ACTIVATED CARDIAC EVENT RECORDER
33300	REPAIR CARDIAC WOUND W/O BYPASS
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS
33340	PERQ CLSR TCAT L ATR APNNGE W/ENDOCARDIAL IMPLNT
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH
33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH
33366	TRANSCATHETER TRANSPICAL REPLACMENT AORTIC VALVE
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APRCH
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH
33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE
33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX
33404	CONSTRUCTION APICAL-AORTIC CONDUIT
33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRAF/STENT
33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND
33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE
33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDURE
33414	RPR VENTR O/F TRC OBSTRCT PATCH ENLGMENT O/F TRC
33415	RESECTION/INCSION SUBVALVULAR TISSUE
33416	VENTRICULOMYOTOMY-MYECTOMY
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS

Procedure Code	Procedure Description
53601	DILAT URETHRAL STRIX DILATOR MALE SBSQ
53605	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES
53620	DILAT URETHRAL STRIX FILIFORM & FOLLOWR MALE 1ST
53621	DILAT URETHRAL STRIX FILIFORM & FOLLOWR MALE SBSQ
53660	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLU INI
53661	DILAT FEMALE URT W/SUPPOSITORY&/INSTLU SBSQ
53665	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES
53850	TRULR DSTRJ PRSTATE TISS MICROWAVE THERMOTH
53852	TRULR DSTRJ PRSTATE TISS RF THERMOTH
53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT
53860	TRULR RF FEMALE BLADDER NECK STRS URIN INCONT
53899	UNLISTED PROCEDURE URINARY SYSTEM
54000	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN
54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN
54015	I&D PENIS DEEP
54050	DSTRJ LESION PENIS SIMPLE CHEMICAL
54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION
54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY
54057	DSTRJ LESION PENIS SIMPLE LASER
54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION
54065	DSTRJ LESION PENIS EXTENSIVE
54100	BIOPSY PENIS SEPARATE PROCEDURE
54105	BIOPSY PENIS DEEP STRUCTURES
54110	EXCISION OF PENILE PLAQUE
54111	EXC PENILE PLAQUE GRAFT 8/5 CM LENGTH
54112	EXC PENILE PLAQUE GRAFT 5 CM LENGTH
54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE
54120	AMPUTATION PENIS PARTIAL
54125	AMPUTATION PENIS COMPLETE
54130	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE
54135	AMPUTATION PENIS RADICAL W/LYMPH NODES
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK
54160	CIRCUMCISION NEONATE
54161	CIRCUMCISION AGE >28 DAYS
54162	LYSIS/EXCISION PENIS POSTCIRCUMCISION ADHESIONS
54163	REPAIR INCOMPLETE CIRCUMCISION
54164	FRENULOTOMY PENIS
54200	INJECTION PEYRONIE DISEASE
54205	NIX PEYRONIE W/SURG EXPOS PLAIEM
54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM
54230	INJECTION CORPORA CAVERNOSAGRAPY
54231	DYNAMIC CAVERNOSOMETRY NIX VASOACTIVE DRUGS
54235	NIX C/P/A CAVERNOSA W/PHARMACOLOGIC AGED
54240	PENILE PLETHYSMOGRAPHY
54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST
54300	PENIS STRAIGHTENING CHORDEE
54304	PENIS CORRU CHORDEE/1ST STAGE HYPOSPADIAS RPR
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKN GRF
54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR PLS RENIS
54322	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT
54324	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS
54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS
54328	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ
54332	1 STAGE PROX PENILE/PENOSCRTAL HYPOSPADIAS RPR
54336	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP
54340	RPR HYPOSPADIAS COMPLETCS CLSR INC/EXC SIMPLE
54344	RPR HYPOSPADIAS COMPLETCS MOBIL FLAPS & URTP
54348	RPR HYPOSPADIAS COMPLETCS DSJ & URTP FLAP/GRF
54352	RPR HYPOSPADIAS CRIPPLE W/DSI & EXC & GRFS/FLAP
54360	PLASTIC RPR PENIS CORRECT ANGLATION
54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR
54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT
54390	PLASTIC RPR PENIS EPISPADIAS W/EXTROPHY BLADDER
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID
54401	INSJ PENILE PROSTHESIS INFLATABLE SELF-CONTAINED
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH
54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH
54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS
54410	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS
54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL
54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT
54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESIS
54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI
54435	CORPORA CAVERNOSA-GLANS PENIS FSTLU PRIAPISM
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)
54438	REPLANTATION PENIS COMP AMPUTATION W/URETH REP
54440	PLASTIC OPERATION PENIS INJURY
54450	FORESKN MANI W/SS PREPUITAL ADS&STRETCHING
54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE
54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE
54512	EXC XTRPARENCHYMAL LESION TESTIS
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH
54522	ORCHIECTOMY PARTIAL
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH
54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL
54550	EXPL UNDESCENDED TESTIS INGUIN/SCROTAL EXPL
54560	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL
54600	RDCTJ TORSION TESTIS W/WO FIXI CLAT TESTIS
54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
20805	REPLANTATION FOREARM COMPLETE AMPUTATION
20808	REPLANTATION HAND COMPLETE AMPUTATION
20816	RPLJ DGT EXCEPT THMB MTCARPHNLG JT COMPL AMP
20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP
20824	RPLJ THMB CARP/MTCRPLT JT MP JT COMPL AMPUTATION
20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION
20838	REPLANTATION FOOT COMPLETE AMPUTATION
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE
20910	CARTILAGE GRAFT COSTOCHONDRAL
20912	CARTILAGE GRAFT NASAL SEPTUM
20920	FASCIA LATA GRAFT BY STRIPPER
20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE
20924	TENDON GRAFT FROM A DISTANCE
20926	TISSUE GRAFTS OTHER
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELEZED
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION
20937	AUTOGRAFT SPINE SURGERY MORSELEZED SEP INCISION
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC
20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME
20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA
20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST
20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL
20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE
20970	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST
20972	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL
20973	FR OSTQ FLAP W/MVASC ANAST GR TOE W/WEB SPACE
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE
20979	LOW INTENSITY US STIMI BONE HEALING NONINVASIVE
20982	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE
20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD
20985	CPR-ASST SURGICAL NAVIGATION IMAGE-LESS
20999	UNLISTED PROCEDURE MUSCLESKELETAL SYSTEM GENERAL
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT
21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM
21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM/>
21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM
21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>
21015	RAD RESECTION TUMOR SOFT TISS FACE/SCALP <2CM
21016	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>
21025	EXCISION BONE MANDIBLE
21026	EXCISION FACIAL BONE
21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE
21030	EXC BENIGN TUMOR/CYST MAXIL/ZYGOMA ENCL & CURTG
21031	EXCISION TORUS MANDIBULARIS
21032	EXCISION MAXILLARY TORUS PALATINUS
21034	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA
21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT
21044	EXCISION MALIGNANT TUMOR MANDIBLE
21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL
21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEO
21047	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEO&RPTL MND
21048	EXC BENIGN TUMOR/CYST MAXIL INTRA-ORAL OSTEO
21049	EXC B9 TUM/CST MAXIL XTR-ORAL OSTEO&PRTL MAXLC
21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX
21060	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX
21070	CORONOIDECTOMY SEPARATE PROCEDURE
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA
21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES
21077	IMPRESSION & PREPARATION ORBITAL PROSTHESIS
21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST
21080	IMPRESSION & PREP DEFINITIVE OBTURATOR PROSTHES
21081	IMPRESSION & PREP MANDIBULAR RESECTION PROSTHES
21082	IMPRESSION & PREP PALATAL AUGMENTATION PROSTHES
21083	IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS
21084	IMPRESSION & PREPARATION SPEECH AID PROSTHESIS
21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT
21086	IMPRESSION & PREPARATION AURICULAR PROSTHESIS
21087	IMPRESSION & PREPARATION NASAL PROSTHESIS
21088	IMPRESSION & PREPARATION FACIAL PROSTHESIS
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE
21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX
21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY
21120	GENIOPLASTY AUGMENTATION
21121	GENIOPLASTY SLIDING OSTEOATOMY SINGLE PIECE
21122	GENIOPLASTY 2/> SLIDING OSTEOATOMIES
21123	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS
21125	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL
21127	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL
21137	REDUCTION FOREHEAD CONTOURING ONLY
21138	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT
21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL
21141	RCNSTJ MIDFACE LEFORT 1 1 PIECE W/O BONE GRAFT
21142	RCNSTJ MIDFACE LEFORT 1 2 PIECES W/O BONE GRAFT
21143	RCNSTJ MIDFACE LEFORT 1 3/> PIECE W/O BONE GRAFT
21145	RCNSTJ MIDFACE LEFORT 1 1 PIECE W/BONE GRAFTS
21146	RCNSTJ MIDFACE LEFORT 1 2 PIECES W/BONE GRAFTS
21147	RCNSTJ MIDFACE LEFORT 1 3/> PIECE W/BONE GRAFTS
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION

Procedure Code	Procedure Description
33419	TCAT MITRAL VALVE REPAIR ADDI PROSTHESIS
33420	VALVOTOMY MITRAL VALVE CLOSED HEART
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTIC RING
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION
33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS
33468	TRICUSPID VALVE RPS&PCLTJ EBSTEIN ANOMALY
33470	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS
33475	REPLACEMENT PULMONARY VALVE
33476	R VENTRIC RESCI INFUND STEN W/WO COMMISSUROTOMY
33477	TCAT PULMONARY VALVE IMPLANTATION PRG APPROACH
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ
33496	RPR NON-STRUCT PROSTIC VALVE DYSFUNCTION W/BYPASS
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLGJ
33508	NSDC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS
33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT
33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN
33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN
33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN
33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN
33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN
33523	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 6 VEIN
33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS
33536	CABG W/ARTERIAL GRAFT FOUR/ARTERIAL GRAFTS
33542	MYOCARDIAL RESECTION
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT
33548	SURG VENTRICULAR RSTRJ PX W/PROSTIC PATCH PRFMD
33572	CORONARY ENDARTERCTOMY OPEN ANY METHOD
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT
33610	RPR CAR ANOMAL SURG ENLGMT VENTR SEPTL DFCT
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCTJ
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX
33619	RPR 1 VNTRC W/O/F OBSTRCT&AORTIC ARCH HYPOPLAS
33620	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND
33621	TRANSThoracic CATHETER INSERTION FOR STENT PLMT
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH
33645	DIR/PATCH CLS SINUS VENOSUS W/ANOM PUL VEN DRG
33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS
33660	RPR INCLPT/PRTL AV CANAL W/WO AV VALVE RPR
33665	RPR INTRM/TRANS AV CANAL W/WO AV VALVE RPR
33670	RPR COMPL AV CANAL W/WO PROSTIC VALVE
33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS
33676	CLOSURE MULTIPLE VSD W/RESECTION
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ
33688	CLSR V-SEPTAL DFCT W/RMVLV-PART BAND W/WO GUSSET
33690	BANDING PULMONARY ARTERY
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH
33697	COMPL RPR T-FALLOT W/PULM ATRESIA
33702	RPR SINUS VALSALVA FISTULA
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT
33720	RPR SINUS VALSALVA ANEURYSM
33722	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN
33726	REPAIR PULMONARY VENOUS STENOSIS
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCUSION
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY

Procedure Code	Procedure Description
54640	ORCHIOPEXY INGUINAL APPROACH W/WO HERNIA RPR
54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE
54670	SUTURE/REPAIR TESTICULAR INJURY
54680	TRANSPLANTATION TESTIS TO THIGH
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS
54700	I&D EPIDIDYMISS TSTIS&SCROTAL SPACE
54800	BIOPSY EPIDIDYMISS NEEDLE
54830	EXCISION LOCAL LESION EPIDIDYMISS
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY
54860	EPIDIDYMECTOMY UNI LATERAL
54861	EPIDIDYMECTOMY BILATERAL
54865	EXPLORATION EPIDIDYMISS W/WO BIOPSY
54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMISS UNI
54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMISS BI
55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED
55040	EXCISION HYDROCELE UNI LATERAL
55041	EXCISION HYDROCELE BILATERAL
55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE
55100	DRAINAGE SCROTAL WALL ABSCESS
55110	SCROTAL EXPLORATION
55120	REMOVAL FOREIGN BODY SCROTUM
55150	RESECTION SCROTUM
55175	SCROTOPLASTY SIMPLE
55180	SCROTOPLASTY COMPLICATED
55200	VASOTOMY CANNULATION W/WO VAS INC UNI/BI SPX
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS
55300	VASOTOMY VASOGRAMS UNI/BI
55400	VASOVASOSTOMY VASOVASORRHAPHY
55450	LIGATION PRQ VAS DEFERENS UNI/BI SPX
55500	EXC HYDROCELE SPERMATIC CORD UNI SPX
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE
55530	EXC VARIOCELE/LIGATION SPERMATIC VEINS SPX
55535	EXC VARIOCELE/LIGATION SPERMATIC VEINS ABDL
55540	EXC VARIOCELE/LIGATION VEINS W/HERNIA RPR
55550	LAPS LIGATION SPERMATIC VEINS VARIOCELE
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD
55600	VESICULOTOMY
55605	VESICULOTOMY COMPLICATED
55650	VESICULECTOMY ANY APPROACH
55680	EXCISION MULLERIAN DUCT CYST
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH
55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH
55706	BX PROSTATE STRTCT SATURATION SAMPLING IMG GUID
55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE
55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED
55801	PROSTATOTOMY PERINEAL SUBTOTAL
55810	PROSTATOTOMY PERINEAL RADICAL
55812	PROSTATOTOMY PERINEAL RADICAL W/LYMPH NODE BX
55815	PROSTATOTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC
55821	PROSTATOTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES
55831	PROSTATOTOMY RETROPUBIC SUBTOTAL
55840	PROSTATOTOMY RETROPUBIC W/O NERVE SPARING
55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX
55845	PROSTECT RETROPUBIC RAD W/WO NRV SPAR & BI PLV LYM
55860	EXPOS PROSTATE ANY APPROACH INSI RADIOACT SUBST
55862	EXPOS PROSTATE INSI RADIOACT SBST W/LYMPH BX
55865	EXPOS PROSTATE INSI RADIOACT SBST W/BI PELV LYMPH
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT
55870	ELECTROEJACULATION
55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI
55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSI
55876	PLMT INTERSTITIAL DEV RADIAIT TX PROSTATE I/MLUT
55899	UNLISTED PROCEDURE PELVIC GENITAL SYSTEM
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMNT APPL
55970	INTERSEX SURG MALE FEMALE
55980	INTERSEX SURG FEMALE MALE
56405	I&D VULVA/PERINEAL ABSCESS
56420	I&D OF BARTHOLINS GLAND ABSCESS
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST
56441	LYSIS LABIAL ADHESIONS
56442	HYMENOTOMY SIMPLE INCISION
56501	DESTRUCTION LESIONS VULVA SIMPLE
56515	DESTRUCTION LESIONS VULVA EXTENSIVE
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION
56620	VULVECTOMY SIMPLE PARTIAL
56625	VULVECTOMY SIMPLE COMPLETE
56630	VULVECTOMY RADICAL PARTIAL
56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY
56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY
56633	VULVECTOMY RADICAL COMPLETE
56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY
56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY
56640	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY
56700	PRTL HYMENECTOMY/REVJ HYMENIAL RING
56740	EXC BARTHOLINS GLAND/CYST
56800	PLASTIC REPAIR INTROITUS
56805	CLITOROPLASTY INTERSEX STATE
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX
56820	COLPOSCOPY VULVA

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
21151	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS
21154	RCNSTJ MIDFACE LEFORT III W/O LEFORT I
21155	RCNSTJ MIDFACE LEFORT III W/ LEFORT I
21159	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I
21160	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD
21179	RCNSTJ FOREHEAD & SUPRAORB RIMS W/ALGRF/PROSTC
21180	RCNSTJ FOREHEAD & SUPRAORBITAL RIMS W/AUTOGRAFT
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF-40SCCM
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF-40 <80
21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF-80SQ
21188	RCNSTJ MDCF OTH/THN LEFORT OSTEO & BONE GRAFTS
21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEO T W/O GRF
21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEO W/GRAFT
21195	RCNSTJ MNDBLR RAMI & BODY SGLT SPLT W/O INT RGD
21196	RCNSTJ MNDBLR RAMI & BDY SGLT SPLT W/INT RGD FI
21198	OSTEOTOMY MANDIBLE SEGMENTAL
21199	OSTEOTOMY MANDIBLE SGNL W/GENIOGLOSSUS ADVMNT
21206	OSTEOTOMY MAXILLA SEGMENTAL
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION
21209	OSTEOPLASTY FACIAL BONES REDUCTION
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS
21215	GRAFT BONE MANDIBLE
21230	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR
21240	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT
21242	ARTHROPLASTY TEMPOROMANDIBULAR J W/WALLOGRAFT
21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT
21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE
21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL
21246	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE
21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFS
21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL
21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE
21255	RCNSTJ ZYGMTIC ARCH/GLENOID FOSSA W/BONE CARTLG
21256	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR
21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL
21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL
21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE
21282	LATERAL CANTHOPEXY
21295	REDUCTION MASSETER MUSCLE & BONE EXTRAORAL
21296	REDUCTION MASSETER MUSCLE & BONE INTRAORAL
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE
21310	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION
21315	CLOSED TX NASAL FRACTURE W/O STABILIZATION
21320	CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION
21325	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED
21330	OPEN TX NASAL FX COMP W/INT & XTRNL SKELETAL FI
21335	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM
21336	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION
21337	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION
21338	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION
21339	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION
21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE
21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE
21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE
21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE
21346	OPTX NASOMAX CPLX FX LEFT II TYPE W/IRG & FXJ
21347	OPTX NASOMAX CPLX FX LEFT II TYPE REG MLT OPN
21348	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT
21355	PERCUTANEOUS TX MALAR AREA FRACTURE
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE
21360	OPEN TX DEPRESSED MALAR FRACTURE
21365	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG
21366	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT
21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL
21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL
21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR
21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC
21395	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF
21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION
21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION
21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT
21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT
21421	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT
21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE
21423	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR
21431	CLOSED TX CRANIOFACIAL SEPARATION
21432	OPEN TX CRANIOFACIAL SEP W/WIRING&INT FIXI
21433	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR
21435	OPEN TX CRANIOFACIAL SEP COMP W/INT & XTRNL FIX
21436	OPTX CRNCL SEP INT III TYP COMP INT FXI W/BONE
21440	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX
21445	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX
21450	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION

Procedure Code	Procedure Description
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA
33770	RPR TRPOS GREAT VLSL W/O ENLGMNT V-SEPTL DFCT
33771	RPR TRPOS GREAT VLSL W/ENLGMNT V-SEPTL DFCT
33774	RPR TRPOS GREAT VLSL ATRIAL BAFFLE PX W/BYPASS
33775	RPR TRPOS GREAT VLSL ATR BAFFLE W/RMVL PULM BAND
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULM OBSTRCT
33782	A-ROOT TLCl VSD PULM STNS RPR W/O C OST RIMPLTJ
33783	A-ROOT TLCl VSD PULM STNS RPR W/RIMPLTJ C OSTIA
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX
33802	DIVISION ABERRANT VESSEL VASCULAR RING
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION
33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER
33840	EXC COARC AORTA W/WO PDA W/DIRECT ANASTOMOSIS
33845	EXCISION COARCTATION AORTA W/WO PDA W/PLASTIC
33851	EXC COARC AORTA W/L SUBCLAV ART/PROST GUSSET
33852	RPR HYPOPLSTC A-ARCH W/AGRF/PROSTC W/O BYPASS
33853	RPR HYPOPLSTC A-ARCH W/AGRF/PROSTC W/BYPASS
33860	ASCENDING AORTA GRF W/CARD BYP & VALVE SSP
33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL
33870	TRANSVERSE ARCH GRAFT W/CARDIOPULMONARY BYPASS
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS
33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS
33880	EVASR RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH
33881	EVASR RPR DTA EXP COVERAGE W/O ART ORIGIN
33883	PLMT PROX XTN PROSTH EVASR RPR DTA 1ST XTN
33884	PLMT PROX XTN PROSTH EVASR RPR DTA EXP COV XTN
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASR RPR DTA
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC
33910	PULMONARY ARTERY EMBOLCTOMY W/CARD BYPASS
33915	PULMONARY ARTERY EMBOLCTOMY W/O CARD BYPASS
33916	PULMONARY ENDARTERCTOMY W/WO EMBOLCTOMY W/BYPASS
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT
33922	TRANSSECTION PULMONARY ARTERY W/CARD BYPASS
33924	UG&TKDN SYSIC TO-PULM ART SHUNT W/CGEN HEART
33925	RPR P-ART ARBORIZI ANOMAL UNIFCLIJZ W/O BYPASS
33926	RPR P-ART ARBORIZI ANOMAL UNIFCLIJZ W/BYPASS
33930	DONOR CARDIOTOMY-PNEUMONECTOMY
33933	KBKBNCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIOTOMY-PNUMEC
33940	DONOR CARDIOTOMY
33944	KBKBNCH PREPJ CADAVER DONOR HEART ALLOGRAFT
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIOTOMY
33946	ECMO/ECLS INITIATION VENO-VENOUS
33947	ECMO/ECLS INITIATION VENO-ARTERIAL
33948	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS
33949	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL
33951	ECMO/ECLS INSI OF PRPH CANNULA BIRTH-5 YRS PERQ
33952	ECMO/ECLS INSI OF PRPH CANNULA 6 YRS OLDER PERQ
33953	ECMO/ECLS INSI OF PRPH CANNULA BIRTH-5 YRS OPEN
33954	ECMO/ECLS INSI OF PRPH CANNULA 6 YRS OLDER OPEN
33955	ECMO/ECLS INSI OF CENTRAL CANNULA BIRTH-5 YRS
33956	ECMO/ECLS INSI OF CENTRAL CANNULA 6 YRS & OLDER
33957	ECMO/ECLS REPOS PERPH CANNULA PERQ BIRTH-5 YRS
33958	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER
33959	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS
33962	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER
33963	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS
33964	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER
33965	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS
33966	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER
33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ
33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVIC PRQ
33969	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS
33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN
33971	RMVL I-AORT BALO ASSIST DEV W/RPR FEM ART W/WO GRF
33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA
33974	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR
33977	REMOVAL VENTR ASSIST DEVIC XTRCORP 1 VENTRICLE
33978	REMOVAL VENTR ASSIST DEVIC XTRCORP BIVENTR
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC
33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC
33981	RPLCMT XTRCORP DEV 1/BIVENTR PUMP 1/EA PUMP
33982	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS
33983	RPLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/BYPASS

Procedure Code	Procedure Description
56821	COLPOSCOPY VULVA W/BIOPSY
57000	COLPOTOMY W/EXPLORATION
57010	COLPOTOMY W/DRAINAGE PELVIC ABSCESS
57020	COLPOCENTESIS SEPARATE PROCEDURE
57022	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL
57061	DESTRUCTION VAGINAL LESIONS SIMPLE
57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE
57100	BIOPSY VAGINAL MUCOSA SIMPLE
57105	BIOPSY VAGINAL MUCOSA EXTENSIVE
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL
57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T
57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADC
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL
57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS
57112	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADC BX
57120	COLPOCLEISIS LE FORTYPE
57130	EXCISION VAGINAL SEPTUM
57135	EXCISION VAGINAL CYST/TUMOR
57150	IRRIGATION VAGINA8/APPL MEDICATION TX DISEASE
57155	INSERTION UTERINE TANDEM8/VAGINAL OVOIDS
57156	INSERTION VAGINAL RADIATION DEVICE
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI
57170	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS
57180	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX
57200	COLPORRHAPHY SUTURE INJURY VAGINA
57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA8/PERINEU
57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH
57230	PLASTIC REPAIR URETHROCELE
57240	ANT COLPORRHAPHY CYSOCELE W/WO RPR URETHROCELE
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY
57265	CMBND ANTEROPOST COLPORRHAPHY W/ENTEROCELE RPR
57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX
57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX
57280	COLPOPEXY ABDOMINAL APPROACH
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR
57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH
57287	RMVL/REVJ SLING STRESS INCONTINENCE
57288	SLING ORTHOPAG STRESS INCONTINENCE
57289	PEREYRA PX W/ANTERIOR COLPORRHAPHY
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP
57296	REVJ/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR
57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH
57307	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST
57308	CLSR RECTOVAG FSTL TPRLN PNL BDY RCNSTJ
57310	CLOSURE URETHROVAGINAL FISTULA
57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH
57330	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR
57335	VAGINOPLASTY INTERSEX STATE
57400	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX
57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH
57425	LAPAROSCOPIC COLPOPEXY SUSPENSION VAGINAL APEX
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCVR CURETTAGE
57455	COLPOSCOPY CERVIX UPPER/ADJNT VAGINA W/CERVIX BX
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX
57505	ENDOCERVICAL CURETTAGE W/DILATION & CURETTAGE
57510	CAUTERY CERVIX ELECTRO/THERMAL
57511	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT
57513	CAUTERY CERVIX LASER ABLATION
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC
57530	TRACHELECTOMY CERVICOTOMY AMP CERVIX SPX
57531	RAD TRACHELECTOMY W/BI PEL LMPHADC
57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH
57545	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR
57550	EXCISION CERVICAL STUMP VAGINAL APPROACH
57555	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR
57556	EXC CRV STUMP VAG APPR DEV XTRCORP BIVENTRICLE
57558	DILATION & CURETTAGE CERVICAL STUMP
57700	CERCLAGE UTERINE CERVIX NONOBSTETRICAL
57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG
57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY
58120	DILATION & CURETTAGE DX8/THR NONOBSTETRICAL
58140	MYOMETOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
21451	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION
21452	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXI
21453	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION
21454	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION
21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION
21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION
21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE
21470	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ
21485	CLOSED TX TEMPOROMANDIBULAR DISCL COMP 1ST/SBSQ
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION
21497	INTERDENTAL WIRING OTHER THAN FRACTURE
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD
21501	I&D DEEP ABCS/HMTMA SOFT TISSUE NECK/THORAX
21502	I&D DP ABCS/HMTMA SOFT TISS NECK/THORAX PRTL RI
21510	INCISION DEEP OPENING BONE CORTEX THORAX
21550	BIOPSY SOFT TISSUE NECK/THORAX
21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>
21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>
21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM
21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM
21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM
21558	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>
21600	EXCISION RIB PARTIAL
21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE
21615	EXCISION 1ST &/CERVICAL RIB
21616	EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY
21620	OSTECTOMY STERNUM PARTIAL
21627	STERNAL DEBRIDEMENT
21630	RADICAL RESECTION STERNUM
21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHDEEC
21685	HYOID MYOTOMY & SUSPENSION
21700	DIVISION SCALENUS ANTIUS W/O RESCI CERVICAL RIB
21705	DIVISION SCALENUS ANTIUS RESECTION CERVICAL RIB
21720	DIVISION STERNOCLIDOMASTOID OPEN W/O CAST
21725	DIVISION STERNOCLIDOMASTOID OPEN W/CAST
21740	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN
21742	REPAIR PECTUS EXCAVATUM/CARINATUM MINLY W/O THRS
21743	REPAIR PECTUS EXCAVATUM/CARINATUM MINLY W/THRS
21750	CLOSE MEDIAN STERNOTOMY SEP W/THC DEBRIDEMENT SPX
21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS
21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS
21813	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS
21820	CLOSED TREATMENT STERNUM FRACTURE
21825	OPEN TX STERNUM FRACTURE W/O SKELETAL FIXATION
21899	UNLISTED PROCEDURE NECK/THORAX
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP
21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM
21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>
21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM
21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>
21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM
21936	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>
22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR
22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR
22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA
22110	PRTL EXC VRT BODY B1Y LES W/O SPI CORD 1 SGM CRV
22112	PRTL EXC VRT BODY B1Y LES W/O SPI CORD 1 SGM THRC
22114	PRTL EXC VRT BODY B1Y LES W/O SPI CORD 1 SGM LMBR
22116	PRTL EXC VRT BODY B1Y LES W/O SPI CORD 1 SGM EA
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM
22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR
22216	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM
22220	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV
22222	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC
22224	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR
22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM
22310	CLTX VRT BODY FX W/O MANI REQ&W/CSING/BRACING
22315	CLTX VRT FX&/DISCL CSING/BRACING MANI/TRCI
22318	OPTX&/RDCJT ODNTD FX&/DISCL ANT FIXI W/O GRAFT
22319	OPTX&/RDCJT ODNTD FX&/DISCL ANT W/INT FIXI
22325	OPTX&/RDCJT VRT FX&/DISCL PST 1 VRT SGM LMBR
22326	OPTX&/RDCJT VRT FX&/DISCL PST 1 VRT SGM CR
22327	OPTX&/RDCJT VRT FX&/DISCL PST 1 VRT SGM THRC
22328	OPTX&/RDCJT VRT FX&/DISCL PST 1 VRT SGM EA
22505	MANIPULATION SPINE REQUIRING ANESTHESIA
22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL
22513	PERQ VERT AGMNTJ CAVITY CRTI UNI/BI CANNULATION
22514	PERQ VERT AGMNTJ CAVITY CRTI UNI/BI CANNUL LMBR
22515	PERQ VERT AGMNTJ CAVITY CRTI UNI/BI CANNUL EACH
22526	PERQ INTRDSEL ELECTROTHRM ANNULOPLASTY 1 LEVEL
22527	PERQ INTRDSEL ELECTROTHRM ANNULOPLASTY ADDL LVL
22532	ARTHRODESIS LATERAL EXTRACRACIVARY THORACIC

Procedure Code	Procedure Description
33984	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER
33985	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS
33986	ECMO/ECLS RMVL W/IMAGE ART&VENOUS ACCESS
33987	ARTERY EXPOS/GRAFT ARTERY PERFUSSION ECMO/ECLS
33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS
33989	RMVL LEFT HEART VENT BY THORACIC INCS ECMO/ECLS
33990	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY
33991	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS
33992	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION
33993	REPOSITION VAD W/IMAGING DIFFERENT SESSION
33999	UNLISTED CARDIAC SURGERY
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART
34111	EMBLC/THRMBC W/WO CATH RI/LIAC VEIN ARM INC
34151	EMBLC/THRMBC RNL CELIAC MESPENTY AORTO-LIAC ART
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-LIAC ART
34203	EMBLC/THRMBC POPLI TEAL-TIBIO-PRONAL ART LEG INC
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC
34490	THRMBC DIR/W/CATH AXI&L&SUBCLAVIAN VEIN ARM IN
34501	VALVULOPLASTY FEMORAL VEIN
34502	RECONSTRUCTION VENA CAVA ANY METHOD
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM
34530	SAPHENOPOLITEAL VEIN ANASTOMOSIS
34800	EVASC RPR AAA W/AORTO-AORTIC TUBE PROSTH
34802	EVASC RPR AAA W/MDLR BFRFC PROSTH 1 LUMB
34803	EVASC RPR AAA W/MDLR BFRFC PROSTH 2 LUMB
34804	EVASC RPR AAA W/UNIBDY BFRFC PROSTH
34805	EVASC RPR AAA AORTO-UNILIAC AORTO-UNIFEM PROSTH
34806	TCAT PLACEMENT PHYSIOLOGIC SENSOR ANEURYSMAL SAC
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI
34813	PLMT FEM-FEM PROSTH GRF EVASC AORTIC ARYSM RPR
34820	ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI
34825	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ 1ST VSL
34826	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ EA VSL
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH
34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH
34833	ILIAC ART EXPOS W/CRTI CONDUIT UNI
34834	BRACH ART EXPOS DPLMNT AORTIC/ILIAC PROSTH UNI
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT
34844	ENDOVASC VISCER AORTA REPR FENEST 4 ENDOGRAFT
34845	VISCER AND INFARENAL ABDOM AORTA 1 PROSTHESIS
34846	VISCER AND INFARENAL ABDOM AORTA 2 PROSTHESIS
34847	VISCER AND INFARENAL ABDOM AORTA 3 PROSTHESIS
34848	VISCER AND INFARENAL ABDOM AORTA 4+ PROSTHESIS
34900	EVASC RPR ILIAC ART ILO-LIAC PROSTHESIS
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY
35005	DIR RPR ANEURYSM VERTBRAL ARTERY
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCS
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY
35081	DIR RPR ANEURYSM ABDOMINAL AORTA
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS
35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSL
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSL
35111	DIR RPR ANEURYSM SPLENIC ARTERY
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC
35122	DIR RPR RUPTD ANEURYSM HEPATIC/CELIAC/RENAL/MESEN
35131	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY
35132	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY
35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY
35142	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART
35151	DIR RPR ANEURYSM & GRAFT POPLI TEAL ARTERY
35152	DIR RPR RUPTD ANEURYSM & GRF POPLI TEAL ARTERY
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK
35182	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN
35184	RPR CONGENITAL AV FISTULA EXTREMITES
35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN
35190	RPR/TRAUMATIC AV FISTULA EXTREMITES
35201	REPAIR BLOOD VESSEL DIRECT NECK
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER
35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK

Procedure Code	Procedure Description
58145	MYOMETCTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR
58146	MYOMETCTOMY 5/> MYOMAS &/>250 GM ABDOMINA
58150	TOTAL ABDOMINAL HYSTERECT W/O RMVL TUBE OVARY
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRYX
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY
58240	PEL EXNTI GYNECOLOGIC MAL
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<
58262	VAG HYST >250 GM/< W/RMVL TUBE&/OVARY
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY
58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE
58293	VAG HYST >250 GM COLPOURTCSTOPEXY W/O NDSC CTR
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE
58300	INSERTION INTRAUTERINE DEVICE IUD
58301	REMOVAL INTRAUTERINE DEVICE IUD
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE
58323	SPERM WASHING ARTIFICIAL INSEMINATION
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI
58345	TRANSCERV FALLOPIAN TUBE CATH W/O HYSTOSALPING
58346	INSERTION HEMMAN CAPSULES CLINICAL BRACHY THERAPY
58350	CHROMOTUBALYNOVIDUCT W/MATERIALS
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID
58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR
58400	UTERINE SUSPENSION W/O SHORTENING LIGAMENTS SPX
58410	UTERINE SUSP W/O SHORT LIGAMENTS W/SYMPATHECTOMY
58408	HYSTEROHRAPHY REPAIR RUPT UTERINE NONOBSTETRICAL
58540	HYSTEROPLASTY RPR UTERINE ANOMALY
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE&/OVAR
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250
58544	LAPS W/VAG HYSTERECT >250 GM RMVL TUBE&/OVARY
58545	LAPS MYOMETCTOMY EXC 1-4 MYOMAS 250 GM/<
58546	LAPS MYOMETCTOMY EXC 5/> MYOMAS >250 GRAMS
58548	LAPS W/RAD HYST W/BILAT LMPHDEEC RMVL TUBE&/OVARY
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<
58552	LAPS W/VAG HYSTERECT 250 GM/RMVL TUBE&/OVARIES
58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR
58555	HYSTEROECOPIY DIAGNOSTIC SEPARATE PROCEDURE
58558	HYSTEROECOPIY BX ENDOMETRIUM&/POLYCP W/WO D&C
58559	HYSTEROECOPIY LYSIS INTRAUTERINE ADHESIONS
58560	HYSTEROECOPIY DIV/RESCJ INTRAUTERINE SEPTUM
58561	HYSTEROECOPIY REMOVAL LEIOMYOMATA
58562	HYSTEROECOPIY REMOVAL IMPACTED FOREIGN BODY
58563	HYSTEROECOPIY ENDOMETRIAL ABLATION
58565	HYSTEROECOPIY BI TUBE OCCLUSION W/PERM IMPLNTS
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE&/OVARY
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 GM W/TUBE/OVAR
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS
58579	UNLISTED HYSTEROECOPIY PROCEDURE UTERI
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX
58611	LIG/TRNSXJ FALLOPIAN TUBE CESAREAN DEL/ABDML SURG
58615	OCCLUSION FLP TUBE DEV VAG/SUPRABUBIC APPR
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE
58670	LAPAROSCOPY FULGURATION OVIDUCTS
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS
58672	LAPAROSCOPY FIMBRIOPLASTY
58673	LAPAROSCOPY SALPINGOSTOMY
58674	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX
58740	LYSIS OF ADHESIONS SALPINX/OVARY
58750	TUBOTUBAL ANASTOMOSIS
58752	TUBOUTERINE IMPLANTATION
58760	FIMBRIOPLASTY
58770	SALPINGOSTOMY
58800	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR
58805	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL
58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN
58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH
58825	TRANSPOSITION OVARY
58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE
58920	WEDGE RESCJ/BISCTJ OVARY UNI/BI
58925	OVARIAN CYSTCTOMY UNI/BI
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI
58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY
58950	RESCI OVARIAN TUBAL/PERITONEAL MALIGNANCY W/BSO
58951	RESCI PRIM PRTL LMBL W/BSO & OMINTJ TAH & LMPHAD

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
22533	ARTHRODISIS LATERAL EXTRACAVITARY LUMBAR
22534	ARTHRODISIS LAT EXTRACAVITARY EA ADDL THRC/LMBR
22548	ARTHRD ANT TRANSOR/LXTRORAL C1-C2 W/VO EXC ODNTD
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELW C2
22556	ARTHRD ANT MIN DISCECTOY INTERBODY THORACIC
22558	ARTHRODISIS ANTERIOR INTERBODY LUMBAR
22585	ARTHRODISIS ANTERIOR INTERBODY EA ADDL NTRSPC
22586	ARTHRODISIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1
22590	ARTHRODISIS POSTERIOR CRANIOCERVICAL
22595	ARTHRODISIS POSTERIOR ATLAS-AXIS C1-C2
22600	ARTHRODISIS PST/PSLTLAT CERVICAL BELW C2 SGM
22610	ARTHRODISIS POSTERIOR/POSTEROLATERAL THORACIC
22612	ARTHRODISIS POSTERIOR/POSTEROLATERAL LUMBAR
22614	ARTHRODISIS POSTERIOR/POSTEROLATERAL EA ADDL
22630	ARTHRODISIS POSTERIOR INTERBODY LUMBAR
22632	ARTHRODISIS POSTERIOR INTERBODY EA ADDL
22633	ARTHODIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR
22634	ARTHODIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG
22800	ARTHRODISIS POSTERIOR SPINAL DFRM UP 6 VRT SEG
22802	ARTHRODISIS POSTERIOR SPINAL DFRM 7-12 VRT SEG
22804	ARTHRODISIS POSTERIOR SPINAL DFRM 13/> VRT SEG
22808	ARTHRODISIS ANTERIOR SPINAL DFRM 2-3 VRT SEG
22810	ARTHRODISIS ANTERIOR SPINAL DFRM 4-7 VRT SEG
22812	ARTHRODISIS POSTERIOR SPINAL DFRM 8/> VRT SEG
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS
22819	KYPHECTOMY 3 OR MORE SEGMENTS
22830	EXPLORATION SPINAL FUSION
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION
22841	INTERNAL SPINAL FIXATION W/IRING SPINOUS PROCESS
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS
22848	PELVIC FIXATION OTHER THAN SACRUM
22849	REINSERTION SPINAL FIXATION DEVICE
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION
22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD
22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD
22855	REMOVAL ANTERIOR INSTRUMENTATION
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL
22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR
22867	INSJ STABLI DEV W/DCMPRN LUMBAR SINGLE LEVEL
22868	INSJ STABLI DEV W/DCMPRN LUMBAR SECOND LEVEL
22869	INSJ STABLI DEV W/O DCMPRN LUMBAR SINGLE LEVEL
22870	INSJ STABLI DEV W/O DCMPRN LUMBAR SECOND LEVEL
22899	UNLISTED PROCEDURE SPINE
22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM
22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM
22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>
22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM
22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN
23020	CAPSULAR CONTRACTURE RELEASE
23030	I&D SHOULDER DEEP ABSCESS/HEMATOMA
23031	I&D SHOULDER INFECTED BURSA
23035	INCISION BONE CORTEX SHOULDER AREA
23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB
23044	ARTHRT ACROMIOLAV STRNCLAV JT EXPL/DRG/RMVL FB
23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL
23066	BIOPSY SOFT TISSUE SHOULDER DEEP
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>
23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>
23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM
23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM
23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>
23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY
23101	ARTHRT ACROMIOLAV/STRNCLAV JT W/BX&/EXC CRTLG
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/VO BIOPSY
23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/VOBX
23107	ARTHRT GLENOHUMRL JT W/IT EXPL W/VO RMVL LOOSE/FB
23120	CLAVICULECTOMY PARTIAL
23125	CLAVICULECTOMY TOTAL
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE
23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA
23145	EXC/CURTG BONE CST/B9N TUM CLAV/SCAPULA W/AGRFT
23146	EXC/CURTG BONE CST/B9N TUM CLAV/SCAPULA W/ALGRFT
23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS
23155	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT
23156	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT

Procedure Code	Procedure Description
35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY
35303	TEAEC W/GRAFT POPLITEAL ARTERY
35304	TEAEC W/GRAFT TIBIOPEROINEAL TRUNK ARTERY
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART
35311	TEAEC W/VO PATCH GRF SUBCLAV INNOM THORACIC INC
35321	TEAEC W/VO PATCH GRF AXILLARY-BRACHIAL
35331	TEAEC W/VO PATCH GRAFT ABDOMINAL AORTA
35341	TEAEC W/VO PATCH GRAFT MESENTERIC CELIAC/RENAL
35351	TEAEC W/VO PATCH GRAFT ILIAC
35355	TEAEC W/VO PATCH GRAFT ILO/FEMORAL
35361	TEAEC W/VO PATCH GRAFT COMBINED AORTOILIAC
35363	TEAEC W/VO PATCH GRAFT COMBINED AORTOIO/FEMORAL
35371	TEAEC W/VO PATCH GRAFT COMMON FEMORAL
35372	TEAEC W/VO PATCH GRAFT DEEP PROFUNDA FEMORAL
35390	ROPRTI CRTD TEAEC > 1 MO AFTER ORIGINAL OPRTATO
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THR IVNJT
35500	HARVEST UTRV VEIN 1 SGM LOWER EXTREMITY/CABG PX
35501	BYPASS W/VEIN COMMON-IPSIATERAL CAROTID
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID
35508	BYPASS W/VEIN CAROTID-VERTEBRAL
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID
35510	BYPASS W/VEIN CAROTID-BRACHIAL
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY
35518	BYPASS W/VEIN AXILLARY-AXILLARY
35521	BYPASS W/VEIN AXILLARY-FEMORAL
35522	BYPASS W/VEIN AXILLARY-BRACHIAL
35523	BYPASS W/VEIN BRACHIAL-ULNAR/RADIAL
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL
35526	BYPASS W/VEIN AORTOSUBCLV/CAROTID/INNOMINATE
35531	BYPASS W/VEIN AORTOCELAC/AORTOMESENTERIC
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL
35535	BYPASS W/VEIN HEPATORENAL
35536	BYPASS W/VEIN SPLENORENAL
35537	BYPASS W/VEIN AORTOILIAC
35538	BYPASS W/VEIN AORTOBI-ILIAC
35539	BYPASS W/VEIN AORTOFEMORAL
35540	BYPASS W/VEIN AORTOBI-FEMORAL
35556	BYPASS W/VEIN FEMORAL-POPLITEAL
35558	BYPASS W/VEIN FEMORAL-FEMORAL
35560	BYPASS W/VEIN AORTORENAL
35563	BYPASS W/VEIN ILOILIAC
35565	BYPASS W/VEIN ILOFEMORAL
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL
35600	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG
35601	BYP OTH/THN VEIN COMMON-IPSIATERAL CAROTID
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL-TIBIAL
35626	BYPASS NOT VEIN AORTOSUBCLV/CAROTID/INNOMINATE
35631	BYP OTH/THN VEIN AORTOCELAC AORTOMS AORTORNL
35632	BYPASS GRAFT W/OTHER THAN VEIN ILO-CEIAC
35633	BYPASS GRAFT W/OTHER THAN VEIN ILO-MESENTERIC
35634	BYPASS GRAFT W/OTHER THAN VEIN ILORENAL
35636	BYP OTH/THN VEIN SPLENORENAL
35637	BYP OTH/THN VEIN AORTOILIAC
35638	BYP OTH/THN VEIN AORTOBI-ILIAC
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL
35646	BYP OTH/THN VEIN AORTOBI-FEMORAL
35647	BYP OTH/THN VEIN AORTOFEMORAL
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL
35663	BYP OTH/THN VEIN ILOILIAC
35665	BYP OTH/THN VEIN ILOFEMORAL
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL-/PERONEAL ART
35681	BYPASS COMPOSITE VEIN GRAFT PROSTHETIC & VEIN

Procedure Code	Procedure Description
58952	RESCI PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING
58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION
58954	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY
58956	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC
58957	RESECC RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY
58958	RESECTION RECT MAL W/OMENTECTOMY PEL LMPHADECC
58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD
58974	EMBRYO TRANSFER INTRAUTERINE
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL
59000	AMNIOCENTESIS DIAGNOSTIC
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCJT US GUID
59012	CORDOCENTESIS INTRAUTERINE
59015	CHORIONIC VILLUS SAMPLING
59020	FETAL CONTRACTION STRESS TEST
59025	FETAL NONSTRESS TEST
59030	FETAL SCALP BLEED SAMPLING
59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT
59051	FETAL MONITR LABOR PHYS WRITRN RPT/INT/PT ONLY
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRNSD GUIDANCE
59072	FETAL UMBILICAL CORD CLOSURE W/ULTRNSD GUIDNCE
59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE
59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE
59100	HYSTEROTOMY ABDOMINAL
59120	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR
59121	TX ECTOPIC PREGNANCY W/O SALPING&/OOPOHORECTOMY
59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY
59135	TX ECTOPIC PREGNANCY NTRSL REQ TOT HYST
59136	TX ECTOPIC PREGNANCY NTRSL PRTL RESCJ UTER
59140	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION
59150	LAPS TX ECTOPIC PREG W/O SALPING&/OOPOHORECTOMY
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPOHORECTOMY
59160	CURETTAGE POSTPARTUM
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING
59320	CERCLAGE CERVIX PREGNANCY VAGINAL
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL
59350	HYSTERORRHAPHY RUPTURED UTERUS
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM
59409	VAGINAL DELIVERY ONLY
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE
59412	EXTERNAL CEPHALIC VERSION W/VO TOLYSIS
59414	DELIVERY PLACENTA SEPARATE PROCEDURE
59425	ANTEPARTUM CARE ONLY 4-6 VISITS
59426	ANTEPARTUM CARE ONLY 7/> VISITS
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM
59515	CESAREAN DELIVERY ONLY
59516	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE
59525	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY
59610	ROUTINE OB CARE VAG DLVR & POSTPARTUM CARE VB
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY
59614	VAGINAL DELIVERY & POSTPARTUM CARE VBAC
59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC
59620	CESAREAN DELIVERY ATTEMPTED VBAC
59622	CESAREAN DLVR & POSTPARTUM CARE ATTEMPTED VBA
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL
59830	TX SEPTIC ABORTION SURGICAL
59840	INDUCED ABORTION DILATION AND CURETTAGE
59841	INDUCED ABORTION DILATION & EVACUATION
59850	INDUCED ABORTION 1/> AMNIOTIC INIX W/D&C/EVACJ
59851	INDUCE ABORT 1/> AMNIOT NIXS DLVR FETUS D&C
59852	INDUCE ABORT 1/> AMNIOT NIXS DLVR FETUS HYSTOTM
59855	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS
59856	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &EVAC
59857	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT
59866	MULTIFETAL PREGNANCY REDUCTION
59870	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE
59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY
59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY
60000	I&D THYROID GLAND DUCT CYST INFECTED
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE
60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS
60210	PRTL THYROID LOBECTOMY UNI W/VO ISTHMUSECTOMY
60212	PRTL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC
60220	TOTAL THYROID LOBECTOMY UNI W/VO ISTHMUSECTOMY
60225	TOTAL THYROID LOBEC UNI W/CONTRAL STOT LOBEC
60240	THYROIDECTOMY TOTAL/COMPLETE
60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT
60254	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT
60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL
60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANS THORACIC
60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH
60280	EXCISION THYROID GLAND DUCT CYST/SINUS
60281	EXCISION THYROID GLAND DUCT CYST/SINUS RECURRENT
60300	ASPIRATION AND/OR INJECTION THYROID CYST
60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDIS
60502	PARATHYROIDECTOMY/EXPLOR PARATHYROIDIS RE-EXPLOR

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description	Procedure Code	Procedure Description	Procedure Code	Procedure Description
23170	SEQUESTRECTOMY CLAVICLE	35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	60505	PARATHYRDEC/EXPL PARATHYR MEDSTLN STERNAL/THRC
23172	SEQUESTRECTOMY SCAPULA	35683	BYP AUTOG COMPOSIT 3-> SEG FROM 2/> LOCATION	60512	PARATHYROID AUTOTRANSPLANTATION ADD/ON
23174	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	35685	PLMT VEIN PATCH/CLIFF DSTL ANAST BYP CONDUIT	60520	THYMECTOMY PRTL/TOT TRANSERCERVICAL APPR SPX
23180	PARTIAL EXCISION BONE CLAVICLE	35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	60521	THYMECTOMY PRTL/TOT W/O RAD MEDSTLN DSI SPX
23182	PARTIAL EXCISION BONE SCAPULA	35691	TRPOS&/RIMPLTI VERTEBRAL CAROTID ART	60522	THYMECTOMY PRTL/TOT RAD MEDSTLN DSI SPX
23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS	35693	TRPOS&/RIMPLTI VERTEBRAL SUBCLAVIAN ART	60540	ADRENALECTOMY W/EXPL W/WO BX ABD/LMBR/DRSAL SPX
23190	OSTECTOMY SCAPULA PARTIAL	35694	TRPOS&/RIMPLTI SUBCLAVIAN CAROTID ART	60545	ADRENALECTOMY EXPL W/EXC RETROPERITONEAL TUMOR
23195	RESECTION HUMERAL HEAD	35695	TRPOS&/RIMPLTI CAROTID SUBCLAVIAN ART	60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY
23200	RADICAL RESECTION TUMOR CLAVICLE	35697	RIMPLTI VISC ART INFRARNL AORTIC PROSTH EA ART	60605	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY
23210	RADICAL RESECTION TUMOR SCAPULA	35700	ROPRTI > 1 MO AFTER ORIGINAL OPRATION	60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL
23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	35701	EXPL N/FLWD SURG RPR W/WO LYSIS CAROTID ARTERY	60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM
23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	35721	EXPL N/FLWD SURG RPR W/WO LYSIS FEMORAL ARTERY	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM
23333	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	35741	EXPL N/FLWD SURG RPR W/WO LYSIS POPLITEAL ARTERY	61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT
23334	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	35761	EXPL N/FLWD SURG RPR W/WO LYSIS OTHER ARTERY	61001	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ
23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NIX
23350	INJECTION SHOULDER ARTHROGRAPHY/CT/MRI ARTHG	35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/NJ
23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	61050	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX
23397	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	61055	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION
23400	SCAPULOPEXY	35870	RPR GRF-ENTERIC FSTL	61070	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INI PX
23405	TENOTOMY SHOULDER AREA 1 TENDON	35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	61105	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE
23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	61108	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	35881	REVJ LXTR ARTL BYP OPN VEIN/SGMTL VEIN INTERPOS	61120	BURR HOLE VENTRICULAR PUNCTURE
23415	CORACACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	61140	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRANIAL LESION
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	61150	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST
23430	TENODESIS LONG TENDON BICEPS	35901	EXCISION INFECTED NECK GRAFT	61151	BURR HOLE/TREPHINE W/SBSQ TAPPING ICR& ABSCESS/CT
23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	35903	EXCISION INFECTED GRAFT EXTREMITY	61154	BURR HOLE W/EVAC&/DRG HEMATOMA XDLR/SDRL
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	35905	EXCISION INFECTED GRAFT THORAX	61156	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	35907	EXCISION INFECTED GRAFT ABDOMEN	61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	61215	INSJ SUBQ RSVR PUMP/INFUSION CATH VENTRIC CATH
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	36002	INJECTION PX PRQT X EXTREMITY PSEUDONEURYSM	61250	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	36005	NIX PX XTR VNGRPH W/INTRO ND/L/INTRACATH	61253	BURR HOLE/TREPHINE INFRAENTORIAL UNI/BI
23466	CAPSULORRHAPHY GLENOHUMRL JT MULT-DIRIONAL INS	36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL
23470	ARTHROPLASTY GLENOHUMRL JT HEMARTHROPLASTY	36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	61305	CRANIECTOMY/CRANIOTOMY EXPL INFRAENTORIAL
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	36012	SLCTV CATH PLMT VEN SYS 2ND ORDER-> SLCTV BRANCH	61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	36013	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	36014	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	61314	CRANIECTOMY HMTMA INFRAENTORIAL EXTRA/SUBDURAL
23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	36015	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	61315	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL
23485	OSTEOTOMY CLAV W/O INT FIXI W/BONE GRF NON/MAL	36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	61316	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF
23490	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	36120	INTRO NEEDLE/INTRACATH RETROGRADE BRACHIAL ART	61320	CRANIECTOMY/CRANIOTOMY DRG ABSCESS SUPRATENTORIAL
23491	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	36140	INTRO NEEDLE/INTRACATH EXTREMITY ARTERY	61321	CRANIECTOMY/CRANIOTOMY DRG ABSCESS INFRAENTORIAL
23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	36160	INTRO NEEDLE/INTRACATH AORTIC TRANSUMBAR	61322	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY
23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	36200	INTRODUCTION CATHETER AORTA	61323	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	36215	SLCTV CATHI EA 1ST ORD THRC/BRCH/CPHLC BRNCH	61330	DECOMPRESSION ORBIT WITH TRANSCRANIAL APPROACH
23520	CLSD TX STERNOCLAVICULAR JOINT W/O MANIPULATION	36216	SLCTV CATHI 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	61332	EXPLORATION ORBIT TRANSCRANIAL APPROACH W/BIOPSY
23525	CLOSED TX STERNOCLAVICULAR DISC W/MANIPULATION	36217	SLCTV CATHI 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	61333	EXPL ORBIT TRANSCRANIAL APPROACH W/BMVL LESION
23530	OPEN TX STERNOCLAVICULAR DISC ACUTE/CHRONIC	36218	SLCTV CATHI EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	61340	SUBTEMPORAL CRANIAL DECOMPRESSION
23532	OPTX STRNCLAV DISC ACUTE/CHRONIC W/FASCIAL GRF	36221	NONSLCTV CATH THOR AORTA ANGIO INTRXTRCRANL ART	61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD
23540	CLSD TX ACROMIOCLAVICULAR DISC W/O MANIPULATION	36222	SLCTV CATH CAROTID/INNOAM ART ANGIO XTRCRANL ART	61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA
23545	CLSD TX ACROMIOCLAVICULAR JOINT W/MANIPULATION	36223	SLCTV CATH CAROTID/INNOAM ART ANGIO INTRCRANL ART	61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GASTRION
23550	OPEN TX ACROMIOCLAVICULAR DISC ACUTE/CHRONIC	36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRANL ART	61458	CRNEC SOPL EXPL/DCMPRN CRN LNRV
23552	OPTX ACROMCLAV DISC ACUTE/CHRONIC W/FASCIAL GRF	36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR
23570	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	61480	CRNEC SUBOCCIP MENSEPENCEHAL TRCOTOMY/PEDUNCULOTMY
23575	CLTX SCAPULAR FX W/MANI W/WO SKELETAL TRACTION	36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTID CIRC	61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL
23585	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	36228	SLCTV CATH INTRCNRL BRNCH ANGIO INTRL CAROT/VERT	61501	CRANIECTOMY OSTEOXYMELIITIS
23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	36245	SLCTV CATHI EA 1ST ORD ABDL PEL/LXTR ART BRNCH	61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRPTENTOR
23605	CLTX PROX HUMRL FX W/MANI W/WO SKELETAL TRACJ	36246	SLCTV CATHI 2ND ORDER ABDL PEL/LXTR ART BRNCH	61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR
23615	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	36247	SLCTV CATHI 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	61514	CRNEC TREPHINE BONE FLAP BRAIN ABSCESS SUPRATENTOR
23616	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT	36248	SLCTV CATHI EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR
23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	36251	SLCTV CATH 1ST ORD W/WO ART PUNCT/FUOR&S&I UNJ	61517	IMPLTI BRAIN INTRACAVITARY CHEMOTHERAPY AGENT
23625	CLTX GRTER HUMERAL TUBEROSITY FX W/MANIPULATION	36252	SLCTV CATH 1ST ORD W/WO ART PUNCT/FUOR&S&I BLJ	61518	CRNEC EXC BRAIN TUMOR INFRAENTORIAL/POST FOSSA
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	36253	SUPSLSCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	61519	CRNEC EXC TUM INFRAENTORIAL/POST FOSSA MENINGIOMA
23650	CLSD TX SHOULDER DISC W/MANIPLATION W/O ANES	36254	SUPSLSCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	61520	CRNEC TUM INFRAITL/POSTFOSSA CRBLPNT ANGLE TUM
23655	CLSD TX SHOULDER DISC W/MANIPLATION REQ ANES	36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP	61521	CRNEC TUM INFRAITL/POSTFOSSA MIDLINE TUM BASE SKULL
23660	OPEN TX ACUTE SHOULDER DISLOCATION	36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	61522	CRNEC INFRAITRATORIAL/POST FOSSA EXC BRAIN ABSCESS
23665	CLTX SHOULDER DISC W/FX HUMERAL TUBRST W/MANI	36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	61524	CRNEC INFRAITRATOR/POSTFOSSA EXC/FENESTRATION CYST
23670	OPEN TX SHOULDER DISC W/HUMERAL TUBEROSITY FX	36299	UNLISTED PROCEDURE VASCULAR INJECTION	61526	CRNEC TRANSTEMOR EXC CEREBELLOPONTINE ANGLE TUM
23675	CLTX SHOULDER DISC W/SURG/ANTMCL NECK FX W/MANI	36400	VNPXNR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA
23680	OPEN TX SHOULDER DISLOCATION W/NECK FRACTURE	36405	VNPXNR <3 YEARS PHY/QHP SKILL SCALP VEIN	61531	SUBDURAL IMPLTI ELECTRODES SEIZURE MONITORING
23700	MANI W/ANES SHOULDER JOINT W/FIXATION APPARATUS	36406	VNPXNR <3 YEARS PHY/QHP SKILL OTHER VEIN	61533	CRANIOT SUBDURAL IMPLT ELCTR SEIZURE MONITORING
23800	ARTHRODESIS GLENOHUMERAL JOINT	36410	VNPXNR 3 YEARS/> PHY/QHP SKILL	61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTROCORTICOGRAPHY
23802	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	61535	CRANIOT RMVL EPID/SUBDURL ELCTR W/O EXC TIS SPX
23900	INTERTHORACOSCAPULAR AMPUTATION	36416	COLLECTION CAPILLARY BLOOD SPECIMEN	61536	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTICOGRAPHY
23920	DISARTICULATION SHOULDER	36420	VENIPUNCTURE CUTOOWN UNDER AGE 1 YR	61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY
23921	DISRTCTJ SHOULDER SECONDARY CLSR/SCAR REVISION	36425	VENIPUNCTURE CUTOOWN AGE 1 YR/>	61538	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTICOGRAPHY
23929	UNLISTED PROCEDURE SHOULDER	36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	61539	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG
23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	36440	PUSH TRANSFUSION BLOOD 2 YR/UNDER	61540	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	36450	EXCHNG TRANSFUSION BLOOD NEWBORN	61541	CRANIOTOMY TRANSECTION CRANIAL CALLOSUM
23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	36455	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN	61543	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	36456	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	36460	TRANSFUSION INTRAUTERINE FETAL	61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	36468	1/MLT NIXS SCLRSQ SLNS SPIDER VEINS LIMB/TRUNK	61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRIL APPR
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	36470	NIX SCLEROSING SOLUTION SINGLE VEIN	61548	HYPOPHYSEC/EXC PITUITARY TUMOR TRANSNASAL/SEPTAL
24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	36471	NIX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE
24073	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBFASC 5CM/>	36473	ENDOVEN ABLTJ INCMPPTNT VEIN MCHNCHEM 1ST VEIN	61552	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURE
24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	36474	ENDOVEN ABLTJ INCMPPTNT VEIN MCHNCHEM SBSQ VEINS	61556	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP
24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	36475	ENDOVEN ABLTJ INCMPPTNT VEIN XTR RF 1ST VEIN	61557	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP
24077	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	36476	ENDOVEN ABLTJ INCMPPTNT VEIN XTR RF 2ND+ VEINS	61558	XTN CRANIEC MULTIPLE SUTURE CRANIOSYNOSTOSIS
24079	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	36478	ENDOVEN ABLTJ INCMPPTNT VEIN XTR LASER 1ST VEIN	61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT
24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	36479	ENDOVEN ABLTJ INCMPPTNT VEIN XTR LASER 2ND- VEINS	61563	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN
24101	ARTHRT ELBOW W/INT EXPL W/WOXB W/WORMVL LOOSE/FB	36481	PRO PORTAL VEIN CATHETERIZATION ANY METHOD	61564	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN
24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	36500	VEN CATHI SLCTV ORGAN BDL SAMPLING	61566	CRANIOTOMY SELECTIVE AMYGDALOHIPOCAMPECTOMY
24105	EXCISION OLECRANON BURSA	36510	CATHI UMBILICAL VEIN DX/THRNB NB	61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSCTIONS W/ECOG

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS
24115	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT
24116	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN
24125	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT
24126	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRFT
24130	EXCISION RADIAL HEAD
24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS
24136	SEQUESTRECTOMY RADIAL HEAD OR NECK
24138	SEQUESTRECTOMY OLECRANON PROCESS
24140	PARTIAL EXCISION BONE HUMERUS
24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK
24147	PARTIAL EXCISION BONE OLECRANON PROCESS
24149	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT
24150	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS
24152	RADICAL RESECTION TUMOR RADIAL HEAD/NECK
24155	RESECTION ELBOW JOINT ARTHRECTOMY
24160	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS
24164	PROSTHESIS REMOVAL RADIAL HEAD
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP
24220	INJECTION ELBOW ARTHROGRAPHY
24300	MANIPULATION ELBOW UNDER ANESTHESIA
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE
24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON
24320	TENOPLASTY ELBOW TO SHOULDER SINGLE
24330	FLEXOR-PLASTY ELBOW
24331	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT
24332	TENOLYSIS TRICEPS
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA
24342	RINSJ RPTD BICEPS/TRICEPS TDM DSTL W/WO TDN GRF
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW
24344	RCNSTJ LAT COLTR LIGM ELBOW W/TENDON GRAFT
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW
24346	RCNSTJ MEDIAL COLTR LIGM ELBW W/TDN GRF
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS
24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN
24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR
24360	ARTHROPLASTY ELBOW W/MEMBRANE
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ
24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCMT
24365	ARTHROPLASTY RADIAL HEAD
24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT
24370	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT
24371	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT
24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION
24410	MLO OSTEOE W/REUIGNMT IMED ROD HUMERAL SHAFT
24420	OSTEOPLASTY HUMERUS
24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT
24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT
24470	HEMIEPHYSEAL ARREST
24495	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL
24498	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT
24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION
24505	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ
24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE
24516	TX HUMRAL SHFT FX W/INJS IMED IMPLT W/WO CERCLGE
24530	CLTX SPRCONDYL/R/TRANSNDYL/R HUMERAL FX W/WO MANJ
24535	CLTX SPRCONDYL/R/TRANSNDYL/R HUMERAL FX W/WO MANJ
24538	PRQ SKEL FIXI SPRCONDYL/R/TRANSNDYL/R HUMERAL FX
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN
24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ
24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ
24566	PRQ SKEL FIXI HUMRL EPCNDYL/R FX MEDIAL/LAT MANJ
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE
24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ
24577	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ
24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE
24582	PRQ SKEL FIXI HUMRL CNDYL/R FX MEDIAL/LAT W/MANJ
24586	OPTX PERIARTICULAR FRACTURE & DISLOCATION ELBO
24587	OPTX PERIARTICULAR FX&DISC ELBW W/IMPLT ARTHR
24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES
24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION
24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ
24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION
24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION
24665	OPEN TX RADIAL HEAD/NECK FRACTURE
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ
24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ
24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END
24800	ARTHRODESIS ELBOW JOINT LOCAL
24802	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT
24900	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE
24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR
24925	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ

Procedure Code	Procedure Description
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS
36513	THERAPEUTIC APHERESIS PLATELETS
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS
36515	THER APHERESIS W/XTRCORP IMMUNODSPJ& PLSM RENFJ
36516	THER APHRFS XTRCORP SLCTV ADSRPL/FILTR & REINFSJ
36522	PHOTOPHERESIS EXTRACORPORAL
36555	IN SJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y
36556	IN SJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>
36557	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR
36558	IN SJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>
36560	IN SJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR
36561	IN SJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>
36563	IN SJ TUNNELED CTR VAD W/SUBQ PUMP
36565	IN SJ TUN VAD REQ 2 CATH 2 STS W/O SUBQ PORT/PMP
36566	IN SJ TUN VAD REQ 2 CATH 2 STS W/SUBQ PORT
36568	IN SJ PRPH CVC W/O SUBQ PORT/PMP UNDER 5 YR
36569	IN SJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>
36570	IN SJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR
36571	IN SJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>
36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP
36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH IN SJ SIT
36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP
36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP
36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT
36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP
36584	RPLCMT COMPL PRPH CVC W/O SUBQ PORT/PMP
36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT
36589	RMVL TUN CVC W/O SUBQ PORT/PMP
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH IN SJ
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE
36592	COLLECT BLOOD FROM CATERIVER VENOUS ACCESS
36593	DECLBT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH
36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS
36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN
36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE
36598	CNTRST NIX RAD EVAL CTR VAD FLUOR IMG&REPRT
36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX
36620	ARTL CATHJ/CANNULI MNTNR/TRANSFUSION SPX PRQ
36625	ARTL CATHJ/CANNULI MNTNR/TRANSFUSION SPX CUTDOWN
36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN
36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY
36680	PLACEMENT NEEDLE INTRASOSEOUS INFUSION
36800	IN SJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN
36810	IN SJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL
36815	IN SJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR
36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TROPS
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TROPS
36820	ARVEN ANAST OPN F/ARM VEIN TROPS
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT
36823	IN SJ CNULA ISLTD XC-CIRCJ GRF CHEMOTX XTR RMVL
36825	CRTI ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF
36830	CRTI ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE
36838	DSTL REVSC&INTERVAL IUX UTR HEMO ACCESS
36860	CANNUL CANNULA DECLTING SPX W/O BALO CATH
36861	XTRNL CANNULA DECLTING SPX W/BALO CATH
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I
36902	INTRO CATH DIALYSIS CIRCUIT W/TRULUM BALO ANGIOP
36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT
36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH
36905	PERQ THRMBC/NFS DIAL CIRCUIT TRULUM BALO ANGIOP
36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT
36907	TRULUM BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I
36908	TCAT PLMT IV STENT CTR DIALYSIS SEG W/IMG S&I
36909	DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I
37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL
37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL
37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENERIC
37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL
37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL
37182	IN SJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT
37183	REVI TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT
37184	PRM PRQ TRULUM MCHNL THRMBC N-COR N-ICRA 1ST
37185	PRM PRQ TRULUM MCHNL THRMBC N-COR N-ICRA SBSQ
37186	SEC PRQ TRULUM THRMBC N-CORONARY N-INTRACRANIAL
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN
37188	PRQ TRULUM MCHNL THRMBC VEIN REPEAT TX
37191	IN SJ INTRVAS VC FLTR W/WO VAS ACS VSL SELXN RS&I
37192	REPSNG INTRVAS VC FLTR W/WO ACS VSL SELXN RS&I
37193	INTRVL INTRVAS VC FLTR W/WO ACS VSL SELXN RS&I
37195	THROMBOLYSIS CEREBRAL IV INFUSION
37197	PRQ TRANSCATHETER RTVRL INTRVAS FB WITH IMAGING
37200	TRANSCATHETER BIOPSY
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX
37213	THROMBOLYSIS ART/VEINUS INFSN W/IMAGE SUBSQ TX
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL
37215	TCAT IV STENT CRT CRD ART EMBOLIC PROTECJ

Procedure Code	Procedure Description
61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN
61571	CRANIECTOMY/CRANIOTOMY TX PENETRATING WOUND BRAIN
61575	TRNSRL SKUL BSE/BR STEM/CORD BX/DF/COMPR&EXC LES
61576	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE
61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ
61581	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ
61582	CRANFLCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT
61583	CRANFLCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE
61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ
61585	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ
61586	BICORONAL TRANSZYGMC&T/LFERT 1 W/O BONE GRFT
61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN
61591	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI
61592	ORBITOCRNL APRR MID CRANIAL FOSSA TEMPORAL LOBE
61595	TRANSTEMP APRR POST CRAN FOSSA DCOMPR SINUS/NRV
61596	TRANSOCHLR POST CRNL FOSSA W/WO MOBLI NRV/ART
61597	TRNSCONDRLR POST CRNL FOSSA DCOMPR ART W/WO MOBLI
61598	TRANSPTRSL POST CRNL FOSSA SINUS CLIVUS/FORAMN MAGNUM
61600	RESJC/EXC LES BASE ANT CRANIAL FOSSA EXTRAODURAL
61601	RESJC/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF
61605	RESJC/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL
61606	RESJC/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR
61607	RESJC/EXC LES PARSELLAR SINUS CLIVUS/MSB XDRL
61608	RESJC/EXC LES PARSELLAR SINUS CLIVUS/MSB IDRL
61610	TRNSXJ/LIG CAROTID ARTERY SINUS W/RPR ANAST/GRFT
61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RFR
61612	TRNSXJ/LIG CRTD ART PETROUS CANAL RPR ANAST/GRFT
61613	OBLTR CAROTID ARYSM INTRACRANIAL CAROTID FISTULA DSJ
61615	RESJC/EXC LES BASE POST CRNL FOSSA JUG FIRM XDRL
61616	RESJC/EXC LES BASE ANT CRNL FORAMEN VRT BODIES IDRL
61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT
61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP
61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK
61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS
61626	TCAT PERMAN OCCLUSION/EMBOLIZATION PRQ NON-CNS
61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL
61641	BALLOON DILAT INCRNL VASOSPASM PRQ EA VESSEL
61642	BALLOON DILAT INCRNL VASOSPASM PRQ EA VESSEL
61645	PERQ ART TRULUM M-THROMBEC & NFS INTRACRANIAL
61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST
61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL
61680	INTRACRANIAL ARVEN MALFRMI SUPRATENTRIL SMPL
61682	INTRACRANIAL ARVEN MALFRMI SUPRATENTRIL CMPL
61684	INTRACRANIAL ARVEN MALFRMI INFRAENTRIL SMPL
61686	INTRACRANIAL ARVEN MALFRMI INFRAENTRIL CMPL
61690	INTRACRANIAL ARVEN MALFRMI DURAL SMPL
61692	INTRACRANIAL ARVEN MALFRMI DURAL CMPL
61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION
61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRJ
61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION
61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRJ
61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART
61705	ARYSM VASC MALFRMI/CRTO OCCLUSION CRTD ART
61708	ARYSM VASC MALFRMI/ICRA ELECTROTHROMBOSIS
61710	ARYSM VASC MALFRMI IA EMBOLIZATION
61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES
61720	CRJ LES STRICTC BURR GLOBUS PALLIDUS/THALAMUS
61735	CRJ LES STRICTC BURR SUBCORTICAL CRJ OTH/THN
61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES
61751	STRCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR
61760	STRCTC IMPLT ELTRD CEREBRUM SEIZURE MONITORING
61770	STRCTC LOCLZ IN SJ CATH/PRB PLMT RADJ SRC
61781	STRCTC CPTA ASSTD PX CRANIAL INTRADURAL
61782	STRCTC CPTA ASSTD PX EXTRAODURAL CRANIAL
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL
61790	CREATE LESION STRICTC PRQ NEUROLYTIC GASSERIAN
61791	CREATE LES STRICTC PRQ NEUROLYTIC TRIGEMINAL TRC
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES
61797	STRCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES
61799	STRCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX
61800	APPL STRICTC HEADFRAME STEREOTACTIC RADIOSURGERY
61850	TWIST/BURR HOLE IMPLT NSTM ELTRD CORTICAL
61860	CRNEC/CRX IMPLT NSTM ELTRD CERE CORTICAL
61863	STRCTC IMPLT NSTM ELTRD W/O RECORD 1ST ARRAY
61864	STRCTC IMPLT NSTM ELTRD W/O RECORD EA ARRAY
61867	STRCTC IMPLT NSTM ELTRD W/RECORD 1ST ARRAY
61868	STRCTC IMPLT NSTM ELTRD W/RECORD EA ARRAY
61870	CRNEC IMPLT NSTM ELTRD CEREBELLAR CORTICAL
61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS
61885	IN SJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR
61886	IN SJ/RPLCMT CRANIAL NEUROSTIM GENERATOR 2/> ELTRDS
61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR
62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRAODURAL
62005	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL
62010	ELVTN DEPRS SKL FX W/RPR DUR&B/DBRDMT BRN
62100	CRX RPR DURAL/CSF LEAK RH NORRHEA/OTORRHEA
62115	RDCJT CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY
62117	RDCJT CRANIOMEGALIC CRANIOMEG&R&CNSTJ W/WO GRAFT
62120	RPR ENCEPHALOCYCE SKULL VAULT W/CRANIOPLASTY
62121	CRANIOTOMY FOR ENCEPHALOCYCE REPAIR SKULL BASE

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description	Procedure Code	Procedure Description	Procedure Code	Procedure Description
24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	62140	CRANIOPLASTY SKULL DEFECT <5 CM DIAMETER
24931	AMPUTATION ARM THRU HUMERUS W/IMPLANT	37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOminate	62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER
24935	STUMP ELONGATION UPPER EXTREMITY	37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOminate	62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL
24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	37220	REVASCLARIZATION ILIAC ARTERY ANGIO 1ST VSL	62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL
24999	UNLISTED PROCEDURE HUMERUS/ELBOW	37221	REVSCL OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG
25000	INCISION EXTENSOR TENDON SHEATH WRIST	37222	REVASCLARIZATION ILIAC ART ANGIOP EA IPSI VSL	62146	CRANIOPLASTY W/AUTOGRAFT <5 CM DIAMETER
25001	INCISION FLEXOR TENDON SHEATH WRIST	37223	REVSCL OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSI LTL	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER
25020	DCMPRN FASCT F/ARM&WRST FLX/XTNSR W/O DBRDMT	37224	REVSCL OPN/PRG FEM/POP W/ANGIOPLASTY UNI	62148	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT
25023	DCMPRN FASCT F/ARM&WRST FLX/XTNSR W/DBRDMT	37225	REVSCL OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	62160	NUNDSCL CRA PLMT/RPLCMT VENTR CATH SHUNT SYS
25024	DCMPRN FASCT F/ARM&WRST FLX&XTNSR W/O DB	37226	REVSCL OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	62161	NUNDSCL CRA DSI ADS FENESTRATION SEPTUM CSTS
25025	DCMPRN FASCT F/ARM&WRST FLX&XTNSR DBRDMT	37227	REVSCL OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	62162	NUNDSCL CRA FENESTEC CYST W/VENTRIC CATH DRG
25028	I&D FOREARM&WRIST DEEP ABSCESS/HEMATOMA	37228	REVSCL OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	62163	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY
25031	INCISION & DRAINAGE FOREARM&WRIST BURSA	37229	REVSCL OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	62164	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY
25035	INCISION DEEP BONE CORTEX FOREARM&WRIST	37230	REVSCL OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	62165	NUNDSCL CRA EXC PITUITARY TUM TRNSNSL/SPHENOID
25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	37231	REVSCL OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	62180	VENTRICULOCISTERNOSTOMY
25065	BIOPSY SOFT TISSUE FOREARM&WRIST SUPERFICIAL	37232	REVSCL OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	62190	CRTI SHUNT SARACH/SDRL-ATR-JUG-AUR
25066	BIOPSY SOFT TISSUE FOREARM&WRIST DEEP	37233	REVSCL OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	62192	CRTI SHUNT SARACH/SDRL-PRL-LEURAL OTH
25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	37234	REVSCL OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	62194	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER
25073	EXC TUMOR SFT TISS FOREARM&WRIST SUBFASC 3CM/>	37235	REVSCL OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	62200	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE
25075	EXC TUMOR SOFT TISSUE FOREARM&WRIST SUBQ <3CM	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	62201	VENTRICULOCISTERNOSTOMY 3RD VTRC NEURONDSCL
25076	EXC TUMOR SOFT TISS FOREARM&WRIST SUBFASC <3CM	37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	62220	CRTI SHUNT VENTRICULO-ATR-JUG-AUR
25077	RAD RESECT TUMOR SOFT TISS FOREARM&WRIST <3 CM	37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	62223	CRTI SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS
25078	RAD RESCJ TUMOR SOFT TISS FOREARM&WRIST 3 CM/>	37239	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME EA ADDL	62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER
25085	CAPSULO TOMY WRIST	37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT
25101	ARTHRT WRST W/IT EXPL W/WO BX W/WO RMVL LOOSE/FB	37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	37246	TRLM BALO ANGIOP OPEN/PERO W/IMG S&I 1ST ART	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS
25109	EXC TENDON FOREARM&WRIST FLEXOR/EXTENSOR EA	37247	TRLM BALO ANGIOP OPEN/PERO W/IMG S&I EA ADDL ART	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY
25110	EXCISION LESION TENDON SHEATH FOREARM&WRIST	37248	TRLM BALO ANGIOP OPEN/PERO W/IMG S&I 1ST VEIN	62267	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	37249	TRLM BALO ANGIOP OPEN/PERO W/IMG S&I ADDL VEIN	62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRNKX
25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE
25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC
25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	62273	INJECTION EPIDURAL LUMBAR/CLLOT PATCH
25119	SYNOVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	37565	LIGATION INTERNAL JUGULAR VEIN	62280	INIX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID
25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	37600	LIGATION EXTERNAL CAROTID ARTERY	62281	INIX/INFUS NEUROLYT SBST EPIDURAL CERV/THORACIC
25125	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	37605	LIGATION INTERNAL COMMON CAROTID ARTERY	62282	INIX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL
25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	62284	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR
25130	EXCISION/ECTATTAGE CYST/TUMOR CARPAL BONES	37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR
25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	37609	LIGATION/BIOPSY TEMPORAL ARTERY	62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR
25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	37615	LIGATION MAJOR ARTERY NECK	62291	INJECTION PX DISCOGRAPHY EA LVL CERVICAL/THORACIC
25145	SEQUESTRECTOMY FOREARM & WRIST	37616	LIGATION MAJOR ARTERY CHEST	62292	INJECTION PX DISCOGRAPHY EA LVL CERVICAL/THORACIC
25150	PARTIAL EXCISION BONE ULNA	37617	LIGATION MAJOR ARTERY ABDOMEN	62294	NIX ARTERIAL OCCLUSION ARVEN MALFRNJI SPINAL
25151	PARTIAL EXCISION BONE RADIUS	37618	LIGATION MAJOR ARTERY EXTREMITY	62302	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL
25170	RADICAL RESECTION TUMOR RADIUS OR ULNA	37619	INS INTRVAV VC FLTR W/WO VAS ACS VSL SELXN RS&I	62303	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC
25210	CARPECTOMY 1 BONE	37650	LIGATION OF FEMORAL VEIN	62304	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL
25215	CARPECTOMY ALL BONES PROXIMAL ROW	37660	LIGATION OF COMMON ILIAC VEIN	62305	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2-> REGIONS
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPI	62320	NIX DX/THR SBST INTRLMNR CRV/THRC W/O IMG GDN
25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE	37718	LIG DIVJ & STRIPPING SHORT SAPHENOUS VEIN	62321	NIX DX/THR SBST INTRLMNR CRV/THRC W/IMG GDN
25246	INJECTION WRIST ARTHROGRAPHY	37722	LIG DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	62322	NIX DX/THR SBST INTRLMNR LMBR/SAC W/O IMG GDN
25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	37735	LIG & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	62323	NIX DX/THR SBST INTRLMNR LMBR/SAC W/IMG GDN
25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	37760	LIG PRFRATR VEIN SUBSCAL RAD INCL SKN GRF 1 LEG	62324	NIX DX/THR SBST INTRLMNR CRV/THRC W/O IMG GDN
25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	37761	LIG PRFRATR VEIN SUBSCAL OPEN INCL US GID 1 LEG	62325	NIX DX/THR SBST INTRLMNR CRV/THRC W/IMG GDN
25259	MANIPULATION WRIST UNDER ANESTHESIA	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	62326	NIX DX/THR SBST INTRLMNR LMBR/SAC W/O IMG GDN
25260	RPR TDN/MUSC FLXR F/ARM&WRST PRIM 1 EA TDN/MU	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	62327	NIX DX/THR SBST INTRLMNR LMBR/SAC W/IMG GDN
25263	RPR TDN/MUSC FLXR F/ARM&WRIST SEC 1 EA TDN/MUS	37780	LIG & DIV SHORT SAPH VEIN SAPHENOPUNCT JUNCT SPX	62350	IMPLTJ REVJ/PSG ITHCL/EDRL CATH PMP W/O LAM
25265	RPR TDN/MUSC FLXR F/ARM&WRIST SEC FR GRF EA	37785	LIG DIVJ & EXCI VARICOSE VEIN CLUSTER 1 LEG	62351	IMPLTJ REVJ/PSG ITHCL/EDRL CATH W/LAM
25270	RPR TDN/MUSC XTNSR F/ARM&WRIST PRIM 1 EA TDN	37788	PENILE REVASCLARIZATION ARTERY W/WO VEIN GRAFT	62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH
25272	RPR TDN/MUSC XTNSR F/ARM&WRIST SEC 1 EA TDN/MU	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS VERTG RSVR
25274	RPR TDN/MUSC XTNSR F/ARM&WRIST SEC FR GRF EA TDN	37799	UNLISTED PROCEDURE VASCULAR SURGERY	62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP
25275	RPR TENDON SHEATH EXTENSOR F/ARM&WRIST W/GRAFT	38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP
25280	LNTH/SHRT FLXR/XTNSR TDN F/ARM&WRIST 1 EA TDN	38101	SPLENECTOMY TOTAL EN BLOC W/OTHER PROCEDURE	62365	RMVL SUBQ RSVR/PUMP INTRATHCAL/EPIDURAL INFUS
25290	TNOT FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	38102	SPLENCT TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL
25295	TNOLS FLXR/XTNSR TENDON FOREARM&WRIST 1 EA	38115	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	62368	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG/REFIL
25300	TENODESIS WRIST FLEXORS FINGERS	38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG/REFIL
25301	TENODESIS WRIST EXTENSORS FINGERS	38129	UNLISTED LAPAROSCOPIC PROCEDURE SPLEEN	62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP
25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRIST 1 EA TDN	38200	INJECTION PROCEDURE SPLENOPTOGRAPHY	62380	NDSCL DCMPRN SPINAL CORD 1 W/LAMOT NTRSPCL LUMBAR
25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&WRIST 1/TDN GR	38204	MGMT RCP HEMATOP PROGENIC CELL DONOR & ACQUISJ	63001	LAM W/O FACETEC FORAMOT/DSK 1/2 VRT SEG CRV
25315	FLEXOR ORIGIN SLIDE FOREARM & WRIST	38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC
25316	FLEXOR ORIGIN SLIDE F/ARM&WRIST TENDON TRANSFE	38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR
25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	38207	TRNSPL PREP] HEMATOP PROGEN CELLS CRYOPRSRV STOR	63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL
25332	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXI	38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	63012	LAMINECTOMY W/RMVL ABNORMAL FACSLS LUMBAR
25335	CENTRALIZATION WRST ULNA	38209	TRNSPL PREP HEMATOP PROG THAW PREV HRV WSH PER DNR	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL
25337	RCNSTJ STABJL DSTL U/DSTL JT 2 SOFT TISS STABJL	38210	TRNSPL PREP] HEMATOP PROGEN DEPLJ IN HRV T-CELL	63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC
25350	OSTEOTOMY RADIUS DISTAL THIRD	38211	TRNSPL PREP] HEMATOP PROGEN TUM CELL DEPLJ	63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR
25355	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	38212	TRNSPL PREP] HEMATOP PROGEN RED BLD CELL RMVL	63020	LAMNOTMY INCL W/DCMPRN NRV ROOT 1 INTRSPCL CERVIC
25360	OSTEOTOMY ULNA	38213	TRNSPL PREP] HEMATOP PROGEN PRTL DEPLJ	63030	LAMNOTMY INCL W/DCMPRN NRV ROOT 1 INTRSPCL LUMBR
25365	OSTEOTOMY RADIUS & ULNA	38214	TRNSPL PREP] HEMATOP PROGEN PLSM VOL DEPLJ	63035	LAMNOTMY W/DCMPRN NRV EACH ADDL CRVL/LMBR
25370	MLT OSTEOTOMIES W/RELI/GNMT IMED ROD RADIUS/ULNA	38215	TRNSPL PREP] HEMATOP PROGEN CONCENTRATION PLSM	63040	LAMOT PRTL FFD EXC DISC REEPL 1 NTRSPCL LUMBAR
25375	MLT OSTEOTOMIES W/RELI/GNMT IMED ROD RADIUS&ULNA	38220	MARROW ASPIRATION ONLY	63042	LAMOT PRTL FFD EXC DISC REEPL 1 NTRSPCL LUMBAR
25390	OSTEOPLASTY RADIUS/ULNA SHORTENING	38221	BONE MARROW BIOPSY NEEDLE/TROCAR	63043	LAMOT PRTL FFD EXC DISC REEPL 1 NTRSPCL EA CRV
25391	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	63044	LAMOT W/PRTL FFD HRN&8 REEPL 1 NTRSPCL EA LMBR
25392	OSTEOPLASTY RADIUS & ULNA SHORTENING	38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL
25393	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	63046	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC
25394	OSTEOPLASTY CARPAL BONE SHORTENING	38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR
25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	63048	LAM FACETECTOMY & FORAMOTOMY 1 SGM EA CRV THRC/LMBR
25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> SEG RCNSTJ
25415	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	38300	DRG LYMPH NODE ABSCLYMPHADENITIS SMPL	63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ
25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	38305	DRG LYMPH NODE ABSCLYMPHADENITIS EXTNSV	63055	TRANSPEIDUCULAR DCMPRN SPINAL CORD 1 SEG THORACIC
25425	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	38308	LYMPHANGIOTOMY/OTH OPERATIONS LYMPHATIC CHANNELS	63056	TRANSPEIDUCULAR DCMPRN SPINAL CORD 1 SEG LUMBAR
25426	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	38380	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	63057	TRANSPEIDUCULAR DCMPRN 1 SEG EA THORACIC/LUMBAR
25430	INSERTION VASCULAR PEDICLE CARPAL BONE	38381	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	63064	COSTOVERTBRAL DCMPRN SPINAL CORD THORACIC 1 SEG

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
25431	REPAIR NONUNION CARPAL BONE EACH BONE
25440	RPR NONUNION SCAPHOID CARPAL BONE W/NO RDL STYLEC
25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS
25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA
25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL
25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE
25445	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM
25446	ARTHRP W/PROSTIC RPLCMT DSTL RDS&PRTL/CARPUS
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS
25449	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT
25450	EPIPHYSL ARBST EPIPHYSIOD/STAPLING DSTL RDS/U
25455	EPIPHYSL ARBST EPIPHYSIOD/STAPLING DSTL RDS&ULNA
25490	PROPH TX N/P/PLTWR W/O METHYLACRYLATE RADIUS
25491	PROPH TX N/P/PLTWR W/O METHYLACRYLATE ULNA
25492	PROPH TX N/P/PLTWR W/O METHYLACRYLATE RAD&UL
25500	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION
25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE
25520	CLTX RDL SHF FX&CLTX DISC DSTL RAD/ULN JT
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE
25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION
25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE
25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN
25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANI
25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXI RADIUS/ULNA
25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXI RADIUS&ULNA
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANI
25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANI WHEN PERF
25606	PERQ SKEL FIXI DISTAL RADIAL FX/EPIPHYSL SEP
25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP
25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANI
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANI
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE
25630	CLTX CARPAL BONE FX W/O MANI EACH BONE
25635	CLTX CARPAL BONE FX W/MANI EACH BONE
25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE
25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE
25660	CLTX RDCRPL/INTERCARP DISC 1/- BONES W/MANI
25670	OPEN TX RADIOCARPAL/INTERCARPAL DISC 1/- BONES
25671	PRQ SKELETAL FIXI DISTAL RADIOULNAR DISLOCATION
25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANI
25676	OPEN TX DISTAL RADIOULNAR DISC ACUTE/CHRONIC
25680	CLTX TRANS-SCAPHORILUNAR TYP FX DISC W/MANI
25685	OPEN TX TRANS-SCAPHORILUNAR FRACTURE DISC
25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION
25695	OPEN TREATMENT LUNATE DISLOCATION
25800	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT
25805	ARTHRODESIS WRIST W/SLIDING GRAFT
25810	ARTHRODESIS WRIST W/LIAC/OTHER AUTOGRAFT
25820	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT
25825	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT
25830	ARTHDR DSTL RAD/ULN JT SGMTL RSCI ULNA W/O BONE
25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA
25905	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR
25907	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE
25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION
25915	KRUKENBERG PROCEDURE
25920	DISARTICULATION THROUGH WRIST
25922	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ
25924	DISARTICULATION THRU WRIST RE-AMPUTATION
25927	TRANSMETACARPAL AMPUTATION
25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ
25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION
25999	UNLISTED PROCEDURE FOREARM/WRIST
26010	DRAINAGE FINGER ABSCESS SIMPLE
26011	DRAINAGE FINGER ABSCESS COMPLICATED
26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA
26034	INCISION BONE CORTEX HAND/FINGER
26035	DECOMPRESSION FINGERS&/HAND INJECTION INJURY
26037	DECOMPRESSIVE FASCIOTOMY HAND
26040	FASCIOTOMY PALMAR PERCUTANEOUS
26045	FASCIOTOMY PALMAR OPEN PARTIAL
26055	TENDON SHEATH INCISION
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT
26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT
26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA
26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA
26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH
26111	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ 1.5CM/-
26113	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBFC 1.5CM/-
26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM
26116	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBFASC<1.5CM
26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM

Procedure Code	Procedure Description
38382	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE
38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE
38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE
38542	DISECTION DEEP JUGULAR NODE
38550	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ
38555	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ
38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC
38564	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECOTOMY
38572	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1
38589	UNLISTED LAPAROSCOPY FX LYMPHATIC SYSTEM
38700	SUPRAHYOID LYMPHADENECTOMY
38720	CERVICAL LYMPHADENECTOMY
38724	CERVICAL LYMPHADENECTOMY MODIFIED RADICAL NECK DSJ
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL
38745	AXILLARY LYMPHADENECTOMY COMPLETE
38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRCT
38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX
38765	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC
38770	PEL LMPHADEC W/XTRNL LIAC HYPOGSTR&ORTURATOR
38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL
38790	INJECTION LYMPHADENECTOMY Lymphangiography
38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE
38794	CANNULATION THORACIC DUCT
38900	INTRAOPT SENTINEL LYMPH NODE ID W/DYE INJECTION
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR
39010	MEDIAST W/EXPL DRG RMVL FB/BX THRC APPR
39200	RESECTION OF MEDIASTINAL CYST
39220	RESECTION MEDIASTINAL TUMOR
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES
39499	UNLISTED PROCEDURE MEDIASTINUM
39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH
39503	RPR NEONATAL DIPHRG HERNIA W/NO CHEST TUBE INSJ
39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT
39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC
39545	IMBRICATION DIAPHRAGM EVENTRATION
39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR
39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR
39599	UNLISTED PROCEDURE DIAPHRAGM
40490	BIOPSY OF LIP
40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMTN
40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR
40520	EXC LIP V-EXC W/PRIM DIR LNR CLSR
40525	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP
40527	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP
40530	RESCJ LIP > ONE-FOURTH W/O RCNSTJ
40650	RPR LIP FULL THICKNESS VERMILION ONLY
40652	RPR LIP FULL THICKNESS HALF/ VERTICAL HEIGHT
40654	RPR LIP FULL THKNS >ONE-HALF VERT HEIGHT/COMPLE
40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI
40701	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX
40702	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS
40720	PLSTC RPR CL LIP/NSL DFRM SEC RECTJ DFCT & RECL
40761	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP
40799	UNLISTED PROCEDURE LIPS
40800	DRG ABCS CST HMTMA VESTIBULE MOUTH SMPL
40801	DRG ABCS CST HMTMA VESTIBULE MOUTH COMP
40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL
40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP
40806	INCISION LABIAL FRENUM FRENOTOMY
40808	BIOPSY VESTIBULE MOUTH
40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR
40812	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR
40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR
40816	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC
40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF
40819	EXC FRENUM LABIAL/BUCCAL
40820	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS
40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<
40831	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL
40840	VESTIBULOPLASTY ANTERIOR
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL
40843	VESTIBULOPLASTY POSTERIOR BILATERAL
40844	VESTIBULOPLASTY ENTIRE ARCH
40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG
40899	UNLISTED PROCEDURE VESTIBULE MOUTH
41000	INTRAORAL I&D TONGUE/FLOOR LINGUAL
41005	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC
41006	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD
41007	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE
41008	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE
41009	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE
41010	INCISION LINGUAL FRENUM FRENOTOMY
41015	XTRORAL I&D ABCS CST/HMTMA FLOOR MOUTH SUBLNGL
41016	XTRORAL I&D ABCS CST/HMTMA FLOOR MOUTH SUBMNT

Procedure Code	Procedure Description
63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC
63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG
63087	VCRPECT THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG
63088	VCRPECT THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG
63090	VCRPECT TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG
63091	VCRPECT TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG
63101	VERTEB CORPECT LAT XTRACAVITARY DCMPRN THRC 1 SEG
63102	VERTEB CORPECT LAT XTRACAVITARY DCMPRN LMBR 1 SEG
63103	VCRPECT LAT XTRACAVITARY DCMPRN THRC/LMBR EA SEG
63170	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLMBAR
63172	LAM W/DRG INTRMEDULLARY CYST/SYRNIX SUBARACHNOID
63173	LAM W/DRG INTRMEDULLARY CYST/SYRNIX PRTL/PLEURAL
63180	LAM&SCTJ TENTATE LIG W/WO DURAL GRF CRV 1/2 SEG
63182	LAM&SCTJ TENTATE LIG W/WO DURAL GRF CRV >2 SEG
63185	LAMINECTOMY W/RHZOTOMY 1/2 SEGMENTS
63190	LAMINECTOMY W/RHZOTOMY > 2 SEGMENTS
63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE
63194	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL
63195	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT THORACIC
63196	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV
63197	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS THRC
63198	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL
63199	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES THORACIC
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR
63250	LAM EXC/OCCCLUSION AVN SPINAL CORD CERVICAL
63251	LAM EXC/OCCCLUSION AVN SPINAL CORD THORACIC
63252	LAM EXC/OCCCLUSION AVN SPI CORD THORACOLMBAR
63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL
63266	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC
63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR
63268	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL
63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL
63271	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC
63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR
63273	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL
63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL
63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR
63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL
63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL
63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC
63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR
63283	LAM BX/EXC ISPI NEO IDRL XMED SACRAL
63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL
63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC
63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR
63290	LAM BX/EXC ISPI NEO XDRL IDRL LES ANY LIVL
63295	ROSCJ RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX
63300	VCRPECT LES 1 SGM XDRL CERVICAL
63301	VCRPECT LES 1 SGM XDRL THORACIC THRC
63302	VCRPECT LES 1 SEG XDRL THRC THORACOLMBR
63303	VCRPECT LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC THRC
63306	VERTEBRAL CORPECT LES 1 SEG IDRL THRC THORACOLMBR
63307	VCRPECT LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG
63309	CREATION LES SPINAL CORD STEREOCTACTIC METHOD PRQ
63610	STRCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG
63615	STRCTC BX ASPIRAT/EXC LESION SPINAL CORD
63620	STEREOCTACTIC RADIOISURGERY 1 SPINAL LESION
63621	STEREOCTACTIC RADIOISURGERY EA ADDL SPINAL LESION
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL
63655	LAM IMPLTJ NSTIM ELTRD PLATE/PADLE EDRL
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR
63662	RMVL SPINAL NSTIM ELTRD PLATE/PADLE INCL FLUOR
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR
63700	REPAIR MENINGOCELE < 5 CM DIAMETER
63702	REPAIR MENINGOCELE > 5 CM DIAMETER
63704	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER
63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER
63707	RPR DURAL/CEREBOSPINAL FLUID LEAK X REQ LAM
63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM
63710	DURAL GRAFT SPINAL
63740	CRJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM
63741	CRJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM
63744	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT
63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT
64400	NIX ANES TRIGEMINAL NRV ANY DIV/BRANCH
64402	INJECTION ANESTHETIC AGENT FACIAL NERVE
64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV
64408	INJECTION ANESTHETIC AGENT VAGUS NERVE
64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
26118	RAD RESCI TUM SOFT TISSUE HAND/FINGER 3 CM/-
26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR
26125	FASCT PRTL PALM ADDL DGT PROX IPHAL JT W/WO RPR
26130	SYNOVECTOMY CARPOMETACARPAL JOINT
26135	SYNVCT MTCARPUNGL JT W/INTNSC RLS&XTNSR HOOD
26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT
26145	SYNVCT TDN SHHT RAD FLXR TDN PALM&/FNGR EA TDN
26160	EXC LESION TDN SHHT/JT CAPSL HAND/FNGR
26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH
26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE
26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL
26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER
26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT
26230	PARTIAL EXCISION BONE METACARPAL
26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER
26236	PARTIAL EXCISION DISTAL PHALANX FINGER
26250	RADICAL RESECTION TUMOR METACARPAL
26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER
26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER
26320	
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT
26341	MANI PLATN PALAR FASCIAL CRD POST INJ SINGLE CORD
26350	RPR/ADVMNT FLXR TDN N/2/2 W/O FR GRAFT EA TENDON
26352	RPR/ADVMNT FLXR TDN N/2/2 W/O FR GRAFT EA TENDON
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON
26370	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN
26372	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA
26373	RPR/ADVMNT TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA
26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F
26392	RMVL SYNTH ROD & INSI FLXR TDN GRF H/F EA ROD
26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH
26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH
26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA
26416	RMVL SYNTH ROD & INSI XTNSR TDN GRF H/F EA ROD
26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH
26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH
26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR
26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER
26432	CLTX DSTL XTNSR TDN INSI W/WO PERCUTAN PINNING
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF
26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON
26442	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDO
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH
26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FORARM EA
26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON
26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON
26471	TENODESIS PROXIMAL INTERPHALANX JOINT EACH
26474	TENODESIS DISTAL JOINT EACH
26476	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH
26477	SHORTENING TENDON EXTENSOR HAND/FINGER EACH
26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH
26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH
26480	TR/TRANSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN
26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT
26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH
26489	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH
26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN
26492	OPPONENSPLASTY TDN TR W/GRF EA TDN
26494	OPPONENSPLASTY HYPOTHENAR MUSC TR
26496	OPPONENSPLASTY OTHER METHODS
26497	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR
26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS
26499	CORRECTION CLAW FINGER OTHER METHODS
26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX
26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX
26508	RELEASE THENAR MUSCLE
26510	CROSS INTRINSIC TRANSFER EACH TENDON
26516	CAPSULODESIS MTCARPUNGL JOINT SINGLE DIGIT
26517	CAPSULODESIS MTCARPUNGL JOINT 2 DIGITS
26518	CAPSULODESIS MTCARPUNGL JOINT 3/4 DIGITS
26520	CAPSULECTOMY/CAPSULOTOMY MTCARPUNGL JOINT EACH
26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH
26530	ARTHROPLASTY METACARPOPHALANX JOINT EACH
26531	ARTHROPLASTY MTCARPUNGL JT W/PROSTC IMPLT EA JT
26535	ARTHROPLASTY INTERPHALANX JOINT EACH
26536	ARTHROPLASTY INTERPHALANX JOINT W/PROSTHETIC EA
26540	RPR COLTR LIGM MTCARPUNGL/PHAL JT
26541	RCNSTJ COLTR LIGM MTCARPUNGL 1 W/TDN/FSCAL GRF
26542	RCNSTJ COLTR LIGM MTCARPUNGL 1 W/LOCAL TISS
26545	RCNSTJ COLTR LIGM IPHAL JT 1 W/GRF EA JT
26546	RPR NON-UNION MTCRPL/PHALANX
26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANX
26550	POLLCIZATION DIGIT
26551	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND
26553	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1

Procedure Code	Procedure Description
41017	XTORRAL I&D ABS CST/HMTMA FLOOR MOUTH SUBMND
41018	XTORRAL I&D FLOOR MASTICATOR SPACE
41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD
41108	BIOPSY FLOOR MOUTH
41110	EXCISION LESION TONGUE W/O CLOSURE
41112	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS
41113	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD
41114	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP
41115	EXCISION LINGUAL FRENUM FRENECTOMY
41116	EXCISION LESION FLOOR MOUTH
41120	GLOSSECTOMY <ONE-HALF TONGUE
41130	GLOSSECTOMY HEMIGLOSSECTOMY
41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ
41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ
41145	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ
41150	GLSSC COMPOSIT W/RESCI FLOOR & MANDIBULAR RESCJ
41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ
41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK
41250	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG
41251	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE
41252	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/PLX
41500	FIXI TONGUE MECHANICAL OTHER/THAN SUTURE
41510	SUTURE TONGUE UP MICROGNATHIA
41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ
41520	FRENOPLASTY SURG REVJ FRENUM EG W/2-PLASTY
41530	SUBMUCOSAL ABLTJ TONGUE RF 1/5 SITES PR SESSON
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH
41800	DRG ABS CST HMTMA FROM DENTOAOLVLEAR STRUXS
41805	RMVL EMBEDDED FB FROM DENTOAOLVLR STRUXS SOFT TISS
41806	RMVL EMBEDDED FB FROM DENTOAOLVLEAR STRUXS BONE
41820	GINGIVECTOMY EXC GINGIVA EACH QUADRANT
41821	OPRCULECTOMY EXC PRICORONAL TISSUE
41822	EXC FIBROUS TUBEROSITIES DENTOAOLVLEAR STRUXS
41823	EXC OSS TUBEROSITIES DENTOAOLVLEAR STRUXS
41825	EXC LESION/TUMOR DENTOAOLVLEAR STRUX W/O RPR
41826	EXC LESION/TUMOR DENTOAOLVLEAR STRUX W/SMP L RPR
41827	EXC LESION/TUMOR DENTOAOLVLEAR STRUX W/CMPLX RPR
41828	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC
41830	ALVEOLECTOMY W/CURGT OSTETIS/SEQUESTRECTOMY
41850	DESTRUCTION LESION DENTOAOLVLEAR STRUCTURES
41870	PERIODONTAL MUCOSAL GRAFTING
41872	GINGIVOPLASTY EACH QUADRANT SPECIFY
41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY
41899	UNLISTED PROCEDURE DENTOAOLVLEAR STRUCTURES
42000	DRAINAGE ABSCESS PALATE UVULA
42100	BIOPSY PALATE UVULA
42104	EXC LESION PALATE UVULA W/O CHLOSURE
42106	EXC LESION PALATE UVULA W/SMP L PRIM CLOSURE
42107	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE
42120	RESCI PALATE/EXTENSIVE RESCJ LESION
42140	UVULECTOMY EXCISION UVULA
42145	PALATOPHARYNGOPLASTY
42160	DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM
42180	REPAIR LACERATION PALATE <2 CM
42182	REPAIR LACERATION PALATE >2 CM/COMPLEX
42200	PALATOP CL PALATE SOFTR/HARD PALATE ONLY
42205	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE
42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE
42215	PALATOPLASTY CLEFT PALATE MAJOR REVI
42220	PALATOPLASTY CLEFT PALATE SEC LGTH PX
42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP
42226	LENGTHENING PALATE & PHARYNGEAL FLAP
42227	LENGTHENING PALATE W/SLAND FLAP
42235	REPAIR ANTERIOR PALATE W/OMER FLAP
42260	REPAIR NASOLABIAL FISTULA
42280	MAXILLARY IMPRESJ PALATAL PROSTHESIS
42281	INSJ PIN-RETAINED PALATAL PROSTHESIS
42299	UNLISTED PROCEDURE PALATE UVULA
42300	DRAINAGE ABSCESS PAROTID SIMPLE
42305	DRAINAGE ABSCESS PAROTID COMPLICATED
42310	DRG ABS C SUBMAXILLARY/SUBLINGUAL INTRAORAL
42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL
42330	SIALOJ SUBMNDBLR SUBLING/PRTD UNCOMP INTRAORAL
42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL
42340	SIALOLITHOTOMY PRTD XTORRAL/COMP INTRAORAL
42400	BIOPSY SALIVARY GLAND NEEDLE
42405	BIOPSY SALIVARY GLAND INCISIONAL
42408	EXC SUBLINGUAL SALIVARY CYST RANULA
42409	MARSUPIALIZATION SUBLING SALIVARY CYST RANULA
42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ
42415	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR
42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR
42425	EXCISION PAROTID TUMOR/GLND TOTAL EN BLOC RMVL
42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ
42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND
42450	EXISION OF SUBLINGUAL GLAND
42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM
42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP
42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX
42509	PAROTID DUCT DVRS BI W/EXC BOTH SUBMNDBLR GLANDS
42510	PAROTID DUCT DVRS BILATERAL WITH LIG BOTH DUCTS

Procedure Code	Procedure Description
64413	INJECTION ANESTHETIC AGENT CERVI CAL PLEXUS
64415	SINGLE NERVE BLOCK INJECTION ARM NERVE
64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH
64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE
64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE
64420	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE
64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES
64425	INJECTION ANES ILOINGUAL ILOHYPOGASTRIC NRVS
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE
64435	INJECTION ANESTHETIC PARACERVI FUSION W/INE NERVE
64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE
64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH
64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE
64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH
64449	INJECTION ANES LMBR/PLEXUS POST CONT NFS CATH
64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH
64455	NIX ANES&STEROID PLANTAR COMMON DIGITAL NERVE
64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID
64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID
64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID
64479	NIX ANES&STRD W/IMG TFRML EDRL CRV/THRC 1 LVL
64480	NIX ANES&STRD W/IMG TFRML EDRL CRV/THRC EA LV
64483	NIX ANES&STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL
64484	NIX ANES&STRD W/IMG TFRML EDRL LMBR/SAC EA LV
64486	TAP BLOCK UNILATERAL BY INJECTION(S)
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)
64488	TAP BLOCK BILATERAL BY INJECTION(S)
64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)
64490	NIX DX/THRC AGT PVRT FACET JT CRV/THRC 1 LEVEL
64491	NIX DX/THRC AGT PVRT FACET JT CRV/THRC 2ND LEVEL
64492	NIX DX/THRC AGT PVRT FACET JT CRV/THRC 3+ LEVEL
64493	NIX DX/THRC AGT PVRT FACET JT LMBR/SAC 1 LEVEL
64494	NIX DX/THRC AGT PVRT FACET JT LMBR/SAC 2ND LEVEL
64495	NIX DX/THRC AGT PVRT FACET JT LMBR/SAC 3+ LEVEL
64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION
64508	INJECTION ANESTHETIC AGENT CAROTID SINUS SPX
64510	NIX ANES STELLATE GANGLION CRV SYMPATHETIC
64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS
64520	INJECTION ANES LMBR/THRC PARAVERTBL SYMPATHETIC
64530	INJ ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG
64550	APPLICATION SURFACE NEUROSTIMULATOR
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE
64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV
64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING
64565	PRQ IMPLTJ NSTIM ELTRD NEUROMUSCULAR
64566	POST TIB NEUROSTIMULATION PRO NEEDLE ELECTRODE
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER
64569	REVISION/REPLMT NEUROSTIMULATOR ELTRD CRANIAL NRV
64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO
64575	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD
64580	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR
64581	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE
64585	REVI/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE
64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR
64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR
64600	DSTRJ TRIGEMINAL NRV SUPRABRB INFRAORB BRANCH
64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH
64610	DSTRJ NEUROLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR
64611	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS
64612	CHEMODENRVJT MUSC MUSC INNERVATED FACIAL NRV UNIL
64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE
64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA
64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG
64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE
64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE
64633	DSTR NROLYTC AGNT PARVETEB FCT SNGL CRVCL/THORA
64634	DSTR NROLYTC AGNT PARVETEB FCT ADDL CRVCL/THORA
64635	DSTR NROLYTC AGNT PARVETEB FCT SNGL LMBR/SACRAL
64636	DSTR NROLYTC AGNT PARVETEB FCT ADDL LMBR/SACRAL
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE
64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE
64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE
64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES
64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/5- MUSCLES
64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES
64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES
64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE
64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY
64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS
64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS
64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT
64704	NEUROPLASTY NERVE HAND/FOOT
64708	NEURP MAJOR PRPH NRV OPN ARM/LEG OPN OTH/THN SPX
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV
64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS
64714	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS
64716	NEUROPLASTY & TRANSPOSITION CRANIAL NERVE
64718	NEUROPLASTY & TRANSPOSITION ULNAR NERVE
64719	NEUROPLASTY & TRANSPOSITION ULNAR NERVE WRIST
64721	NEUROPLASTY & TRANSPOS MEDIAN NRV CARPAL TUNNE
64722	DECOMPRESSION UNSPECIFIED NERVE
64726	DECOMPRESSION PLANTAR DIGITAL NERVE

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
26554	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2
26555	TR FNGR AXH POS W/O MVASC ANAST
26556	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS
26560	REPAIR SYNDACTYL EACH SPACE W/SKIN FLAPS
26561	REPAIR SYNDACTYL EACH SPACE W/SKIN FLAPS&GRAFT
26562	REPAIR SYNDACTYL EACH SPACE COMPLEX
26565	OSTEOTOMY METACARPAL EACH
26567	OSTEOTOMY PHALANX FINGER EACH
26568	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX
26580	REPAIR CLEFT HAND
26587	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE
26590	REPAIR MACRODACTYLIA EACH DIGIT
26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE
26596	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES
26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE
26607	CLTX METACARPAL FX W/MANI W/XTRNL FIXI EA BONE
26608	PRQ SKELETAL FIXI METACARPAL FX EACH BONE
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE
26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANI
26645	CLTX CARPO/METACARPAL FX DISC THUMB W/MANI
26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISC THUMB
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB
26670	CLTX CARPO/METACARPAL DISC THUMB MANI EA W/O ANES
26675	CLTX CARPO/MTCRPL DISC THUMB MANI EA JT W/ANES
26676	PRQ SKEL FIXI CARPO/MTCRPL DISC THMB MANI EA JT
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB
26686	OPTX CARP/MTCRPL DISC THMB CPLX MLT/DLYD RDCJT
26700	CLTX METACARP/PHALANGAL DISC W/MANI W/O ANES
26705	CLTX METACARP/PHALANGAL DISC W/MANI W/ANES
26706	PRQ SKEL FIXI METACARP/PHALANGAL DISC W/MANI
26715	OPEN TREATMENT METACARP/PHALANGAL DISLOCATION
26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANI EA
26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANI EA
26727	PRQ SKEL FIXI PHLNGL SHFT FX PROX/MIDDLE PX/F/T
26735	OPEN TX PHALANGAL SHAFT FRACTURE PROX/MIDDLE EA
26740	CLTX ARTCLR FX INVG MTCRPHLNGL/PHAL JT W/O MANI
26742	CLTX ARTCLR FX INVG MTCRPHLNGL/PHAL JT W/MANI
26746	OPEN TX ARTICULAR FRACTURE MCP/PI JOINT EA
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANI EA
26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANI EA
26756	PRQ SKEL FIXI DSTL PHLNGL FX FNGR/THMB EA
26765	OPEN TX DISTAL PHALANGAL FRACTURE EACH
26770	CLTX IPHAL JT DISC W/MANI W/O ANES
26775	CLTX IPHAL JT DISC W/MANI REQ ANES
26776	PRQ SKEL FIXI IPHAL JT DISC W/MANI
26785	OPEN TX INTERPHALANGAL JOINT DISLOCATION
26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT
26841	ARTHDR CARPO/METACARPAL JT THUMB W/O INT FIXI
26842	ARTHDR CRP/MTCRPL JT THMB W/O INT FIXI W/AGFRT
26843	ARTHDR CRP/MTCRPL JT DGT OTHER THAN THUMB EACH
26844	ARTHDR CRP/MTCRPL JT DGT OTH/THN THMB W/AGFRT
26850	ARTHRODESIS METACARP/PHALANGAL JT W/O INT FIXI
26852	ARTHRODESIS MTCRPL JT W/O INT FIXI W/AUTOGRAFT
26860	ARTHRODESIS INTERPHALANGAL JT W/O INT FIXI
26861	ARTHRODESIS IPHAL JT W/O INT FIXI EA IPHAL JT
26862	ARTHRODESIS IPHAL JT W/O INT FIXI W/AUTOGRAFT
26863	ARTHRODESIS IPHAL JT W/O INT FIXI W/AGFRT EA JT
26910	AMP MTCRPL W/FINGER/THUMB W/O INTEROSS TRANSFER
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR
26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP
26989	UNLISTED PROCEDURE HANDS/FINGERS
26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HMATOMA
26991	I&D PELVIS/HIP JOINT AREA INFECTED BURSA
26992	INCISION BONE CORTEX PELVIS&/HIP JOINT
27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX
27001	TENOTOMY ADDUCTOR HIP OPEN
27003	TX ADDUCTOR SUBG OPN W/OBTURATOR NEURECTOMY
27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE
27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX
27025	FASCIOTOMY HIP/THIGH ANY TYPE
27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI
27030	ARTHROTOMY HIP W/DRAINAGE
27033	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY
27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH
27036	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC
27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL
27041	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBSCAL/IM
27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/2
27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBSCAL 5CM/2
27047	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM
27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBSCAL <5CM
27049	RAD RESECT TUMOR SOFT TISS PELVIS & HIP <5 CM
27050	ARTHROTOMY W/BIOPSY SACROILIAC JOINT
27052	ARTHROTOMY W/BIOPSY HIP JOINT
27054	ARTHROTOMY W/SYNOVECTOMY HIP JOINT
27057	DCMPRN FASCIOTOMY PELVIC CMPTRT DBRDMT MUSCLE UNI
27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/2
27060	EXCISION ISCHIAL BURSA
27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION
27065	EXCISION BONE CYST/BENIGN TUMOR SUPERFICIAL
27066	EXCISION BONE CYST/BENIGN TUMOR DEEP

Procedure Code	Procedure Description
42550	INJECTION PROCEDURE SIALOGRAPHY
42600	CLOSURE SALIVARY FISTULA
42650	DILATION SALIVARY DUCT
42660	DILAT&CATHI SALIVARY DUCT W/O INJECTION
42665	LIGATION SALIVARY DUCT INTRAORAL
42699	UNLISTED PX SALIVARY GLANDS/DUCTS
42700	I&D ABSCESS PERITONSILLAR
42720	I&D ABSR RTRPHRNGL/PARAPHARYNGEAL INTRAORAL
42725	I&D ABSR RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR
42800	BIOPSY OROPHARYNX
42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE
42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION
42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD
42809	REMOVAL FOREIGN BODY PHARYNX
42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS
42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12>
42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/2
42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/2
42830	ADENOIDECTOMY PRIMARY <AGE 12
42831	ADENOIDECTOMY PRIMARY AGE 12/2
42835	ADENOIDECTOMY SECONDARY <AGE 12
42836	ADENOIDECTOMY SECONDARY AGE 12/2
42842	RADICAL RESECTION TONSIL W/O CLOSURE
42844	RADICAL RESCI TONSIL CLOSURE W/LOCAL FLAP
42845	RADICAL RESCI TONSIL CLOSURE W/OTHER FLAP
42860	EXCISION TONSIL TAGS
42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX
42890	LIMITED PHARYNGECTOMY
42892	RESCJ LAT PHRNLG WALL/PYRIFORM SINUS DIR CLSR
42894	RESCJ PHRNLG WALL CLSR W/FLP OR FLP W/MVASC ANAS
42900	SUTURE PHARYNX WOUND/INJURY
42950	PHARYNGOPLASTY PLSTC/RCNSTJ OPRTION PHARYNX
42953	PHARYNGEOSOPHAGEAL REPAIR
42955	PHARYNGOSTOMY ESTJL PHARYNX XTRNL FEEDING
42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE
42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPTJ
42962	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ
42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PSL NSL PACKS
42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION
42972	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ
42999	UNLISTED PROCEDURE PHARYNX ADENOSIS/TONSILS
43020	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB
43030	CRICOPHARYNGEAL MYOTOMY
43045	ESOPHAGOTOMY THORACIC APPR W/RMVL FB
43100	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR
43101	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR
43107	TOT ESOPHAGETOMY W/O THORCOM W/O PYLOROLASTY
43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ
43112	TOTAL ESOPHAGETOMY W/THORCOM W/O PYLORPLASTY
43113	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ
43116	PRTL ESOPHAGETOMY CERVICAL W/FREE INSTINAL GRF
43117	PRTL ESOPHECT DSTL W/O PROX GASTREC/PYLORPLSTY
43118	PRTL ESOPH DSTL W/O PROX GASTREC W/COLON NTRPSTJ
43121	PRTL ESOPHAGEC W/O PROX GASTREC/PYLOROLASTY
43122	PRTL ESOPHG THORACOABD W/O PROXGASTREC/PYLOROPL
43123	PRTL ESPHG THORACOABD/ABDL APPR NTRPSTJ/RCNSTJ
43124	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY
43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR
43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR
43180	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH
43192	ESOPHAGOSCOPY RIGID TRANSORAL INT SUBMUCOSAL
43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY
43194	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY
43195	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION
43196	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION
43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC
43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY
43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC
43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY
43204	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES
43205	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES
43206	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY
43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY
43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSA RESEKX
43212	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT
43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER
43214	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM
43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY
43216	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS
43217	ESOPHAGOSCOPY FLEXIBLE LESION REMOVAL TUMOR SNARE
43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM
43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION
43227	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION
43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM
43232	ESOPHAGOSCOPY INTRA/TRANSORAL NEEDLE ASPIRAT/BX
43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION

Procedure Code	Procedure Description
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE
64732	TRANSECTION/AVULSION SUPERIORBITAL NERVE
64734	TRANSECTION/AVULSION INFRAORBITAL NERVE
64736	TRANSECTION/AVULSION MENTAL NERVE
64738	TRANSECTION/AVULSION INT ALVEOLAR NRW W/OSTEO
64740	TRANSECTION/AVULSION LINGUAL NERVE
64742	TRANSECTION/AVULSION FACIAL NRW DIFFERENT/CMPL
64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE
64746	TRANSECTION/AVULSION PHRENIC NERVE
64755	TRANSECTION/AVULSION VAGUS NERVES
64760	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL
64763	TRNSXJ/AVLSN OBTURAT NRW XPELV W/O TENOTOMY
64766	TRNSXJ/AVLSN OBTURAT NRW INPELV W/O TENOTOMY
64771	TRANSECTION/AVULSION OTH CRANIAL NRW XDRL
64772	TRANSECTION/AVULSION OTH SPINAL NRW XDRL
64774	EXC NEUROMA CUTAN NRW SURGLY IDENTIFIABLE
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT
64778	EXCISION NEUROMA DIGITAL NRW EA ADDL DIGIT
64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE
64783	EXC NEUROMA HAND/FOOT EA NRW XCP SM DGT
64784	EXC NEUROMA MAJOR PERIPHERAL NRW XCP SCIATIC
64786	EXCISION NEUROMA SCIATIC NERVE
64787	IMPLANTATION NERVE END BONE/MUSCLE
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV
64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV
64792	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV
64795	BIOPSY NERVE
64802	SYMPATHECTOMY CERVICAL
64804	SYMPATHECTOMY CERVICTHORACIC
64809	SYMPATHECTOMY THORACOLUMBAR
64818	SYMPATHECTOMY LUMBAR
64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT
64821	SYMPATHECTOMY RADIAL ARTERY
64822	SYMPATHECTOMY ULNAR ARTERY
64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE
64832	SUTR DIGITAL NRW HAND/FOOT EA DGTAL NERVE
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR
64836	SUTURE 1 NERVE ULNAR MOTOR
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT
64840	SUTURE POSTERIOR TIBIAL NERVE
64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS
64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS
64858	SUTURE SCIATIC NERVE
64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE
64861	SUTURE BRACHIAL PLEXUS
64862	SUTURE LUMBAR PLEXUS
64864	SUTURE FACIAL NERVE EXTRACRANIAL
64865	SUTURE FACIAL NERVE INFRATEMPORAL W/O GRAFT
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL
64872	SUTURE NERVE REG SECONDARY/DELAYED SUTURE
64874	SUTURE NERVE REG XTNSV MOBIL/TRPOS NERVE
64876	SUTURE NERVE REG SHORTENING BONE EXTREMITY
64885	NERVE GRAFT HEAD/NECK <4 CM
64886	NERVE GRAFT HEAD/NECK >4 CM
64890	NERVE GRAFT 1 STRAND HAND/FOOT <4 CM
64891	NRV GRF 1 STRAND HAND/FOOT >4 CM
64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM
64893	NERVE GRAFT 1 STRAND ARM/LEG >4 CM
64895	NERVE GRAFT MLT STRANDS HAND/FOOT <4 CM
64896	NERVE GRAFT MLT STRANDS HAND/FOOT >4 CM
64897	NERVE GRAFT MLT STRANDS ARM/LEG <4 CM
64898	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM
64901	NERVE GRAFT EACH NERVE 1 STRAND
64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS
64905	NERVE PEDICLE TRANSFER FIRST STAGE
64907	NERVE PEDICAL TRANSFER SECOND STAGE
64910	NERVE REPAIR W/CONDUIT EACH NERVE
64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE
64999	UNLISTED PROCEDURE NERVOUS SYSTEM
65091	EVISCERATION OCULAR CONTENTS W/O IMPLANT
65093	EVISCERATION OCULAR CONTENTS W/IMPLANT
65101	ENUCLEATION OF EYE W/O IMPLANT
65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT
65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT
65110	EXENTERATION ORBIT REMLV ORBITAL CONTENTS ONLY
65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE
65114	EXNTI ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP
65125	MODIFICCAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX
65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL
65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED
65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED
65150	REINSERTION OCULAR IMPLT W/O CONJUNCTIVAL GRAFT
65155	REINSERTION OCULAR IMPLT RNF/CMT &/ ATTACH MUSCLE
65175	REMOVAL OCULAR IMPLANT
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL
65210	RMVL FB XTRNL EYE EMBED SCJNL/SCLERAL NONPERFOR
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP
65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP
65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS
65260	RMVL FB IO FROM POST SEC MAG XTRI ANT/POST ROUTE

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Procedure Code	Procedure Description
27067	EXC B1 CST/B9 TUM W/AGRFTR REQ SEP INC
27070	PARTIAL EXCISION SUPERFICIAL PELVIS
27071	PARTIAL EXCISION DEEP PELVIS
27075	RAD RESCT TUMOR WING OF ILLIUM 1 PUBIC/ISCHIAL
27076	RAD RESCT TUMOR ILLIUM ACETABULUM BOTH PUBIC
27077	RADICAL RESECTION TUMOR INNOMINATE BONE TOTAL
27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRGT TRCHNTR
27080	COCCYGECTOMY PRIMARY
27086	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS
27087	REMOVAL FOREIGN BODY PELVIS/HIP DEEP
27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE
27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA
27096	INJECT SJ JOINT ARTHROGRAPHY&ANES/STEROID W/IMA
27097	RELEASE/RECESSION HAMSTRING PROXIMAL
27098	TRANSFER ADDUCTOR ISCHILUM
27100	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF
27105	TR PARASPI MUSC HIP FASC/TDN XTN GRF
27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR
27111	TRANSFER ILIOPSOAS FEMORAL NECK
27120	ACETABULOPLASTY
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD
27125	HEMIARTHROPLASTY HIP PARTIAL
27130	ARTHRR ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT
27132	CONV PREV HIP TOT HIP ARTHRR W/WO AGRFT/ALGRFT
27134	REVJ TOT HIP ARTHRR BTH W/WO AGRFT/ALGRFT
27137	REVJ TOT HIP ARTHRR ACETBLR W/WO AGRFT/ALGRFT
27138	REVJ TOT HIP ARTHRR FEM ONLY W/WO ALGRFT
27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX
27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE
27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ
27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEO
27156	OSTEOIT ILIAC ACTBLR/INNOMINATE BONE OSTEO RDCTJ
27158	OSTEOTOMY PELVIS BILATERAL
27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE
27165	OSTEO INTERTCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL
27170	B1 GRF FEM H/N INTERTCHNTRIC/SUBTRCHNTRIC AREA
27175	TX SLP FEMORAL EPIPHYSIS TRCI W/O REDUCTION
27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU
27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULTIPL PIN/BONE GRFT
27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MULTIPL PIN
27179	OPTX SLP FEM EPIPHYSIS W/O MANJ NCK HEYMAN PX
27181	OPTX SLP FEM EPIPHYSIS OSTEOBLTNG FIXJ
27185	EPIPHYSAL ARBST EPIPHYSIOD/STAPLING TRCHNTR FEMUR
27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR
27197	CLSD TX PELVIC RING FX W/O MANIPULATION
27198	CLSD TX PELVIC RING FX W/ MANIPULATION W/ANES
27200	CLOSED TREATMENT COCCYGEAL FRACTURE
27202	OPEN TREATMENT COCCYGEAL FRACTURE
27215	OPTX ILIAC TUBRST AVLS/VING FX FIXJ IF PRFRMD
27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS
27217	OPTX ANT PELVIC BONE FX&/DIS/CLNT FIXI IF PFR
27218	OPTX POST PEL BONE FX&/DIS/CLNT FIXI IF PFRMD
27220	CLTX ACETABULUM HIP/JOCKT FX W/O MANJ
27222	CLTX ACETABULUM HIP/JOCKT FX MANJ W/WO SKEL TRACJ
27226	OPTX PST/ANT ACTBLR WALL FX W/INT FIXI
27227	OPTX ACTBLR FX INVG ANT/PST I COLUMN/MS FX W/INT
27228	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT
27230	CLTX FEM FX PROX END NCK W/O MANJ
27232	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ
27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK
27236	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT
27238	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ
27240	CLTX INTR/PERI/SUBTROCHNTIC FEMORAL FX W/MANJ
27244	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT
27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED I MPLTS CREW
27246	CLTX GREATER TROCHANTERIC FEM FX W/O MANJ
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE
27250	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA
27253	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ
27254	OPTX HIP DISLC TRAUMITC W/ACTBLR WALL&FEM HEAD
27256	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCI W/O ANES
27257	TX SPON HIP DISLC ABDCT SPLNT/TRCI W/MANJ ANES
27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM
27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT
27265	CLTX POST HIP ARTHRR DISLC W/O ANES
27266	CLTX POST HIP ARTHRR DISLC REQ ANES
27267	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ
27268	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ
27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD
27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS
27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT
27282	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT
27284	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT
27286	ARTHRR HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEO
27290	INTERPELVIABDOMINAL AMPUTATION
27295	DISARTICULATION HIP
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT
27301	I&D DEEP ABS BUBSA/HEMATOMA THIGH/KNEE REGION
27303	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE

Procedure Code	Procedure Description
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS
43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGUS
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE
43240	EGD TRANSORAL TRANSUMURAL DRAINAGE PSEUDOCYST
43241	EGD INTRALUMINAL TUBE/CATHETER INSERTION
43242	EGD INTRMURAL NEEDLE ASPIR/BIO P ALTERED ANATOMY
43243	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES
43244	EGD BAND LIGATION ESOPHAGEAL/GASTRIC VARICES
43245	EGD DILATION GASTRIC/DUODENAL STRICTURE
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS
43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS
43251	EGD REMOVAL TUMOR POLYP/OPTICAL LESION SNARE TECH
43252	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY
43253	EGD US GUIDED TRANSUMURAL INJXN/FIDUCIAL MARKER
43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD
43257	EGD DELIVER THERMAL ENERGY SPHNCR/CARDIA GERD
43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/IEIUNUM
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING
43261	ERCP W/BIOPSY SINGLE/MULTIPLE
43262	ERCP W/SPHNCTEROTOMY/PAPILLOSTOMY
43263	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI
43264	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT
43265	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD
43266	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION
43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE
43273	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC
43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT
43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANCR DUCT
43276	ERCP BILIARY/PANCR DUCT STENT EXCHANGE W/DIL&WIRE
43277	ERCP BALLOON DILATE BILIARY/PANCR DUCT/AMPULLA EA
43278	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE
43279	LAPS ESOPHAGOTOMY W/LUNDOPLASTY IF PERFORMED
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY
43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH
43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH
43283	LAPS ESOPHAGEAL LENGTHENING ADDL
43284	LAPS ESOPHGL SPHNCR AGMNTI PLMT DEV CRPPL
43285	REMOVAL ESOPHAGEAL SPHNCTER AGMNTI DEVICE
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS
43300	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL
43305	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL
43310	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL
43312	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL
43313	ESPHGP CGEN DFTC THRC APPR W/O RPR FSTL
43314	ESPHGP CGEN DFTC THRC APPR W/RPR FSTL
43320	EGST W/WO VAGOTOMY&PYLOROLASTY TABDL/THRC AP
43325	ESOPG/GSTR FUNDOPLASTY W/FUNDCI PATCH
43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY
43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY
43330	ESOPHAGOTOMY HELLER TYPE ABDOMINAL APPROACH
43331	ESOPHAGOTOMY HELLER TYPE THORACIC APPROACH
43332	RPR PARAESOPH HIALTAL HERNIA W/LAPT W/O MESH
43333	LAPT RPR PARAESOPH HIALTAL HERNIA W/MESH
43334	RPR PARAESOPH HIALTAL HERNIA W/THORCOM W/O MESH
43335	RPR PARAESOPH HIALTAL HERNIA W/THORCOM W/MESH
43336	RPR PARAESOPH HIALTAL HERNIA THORCOABDOM W/O MESH
43337	RPR PARAESOPH HIALTAL HERNIA THORCOABDOM W/MESH
43338	ESOPHAGUS LENGTHENING
43340	ESOPHAGOIEJUNOSTOMY W/O TOT GSTRCT ABDL APPR
43341	ESOPHAGOIEJUNOSTOMY W/O TOT GSTRCT THRC APPR
43351	ESOPHAGOTOMY FSTL ESOPH XTRNL THRC APPR
43352	ESOPHAGOTOMY FSTL ESOPH XTRNL CRV APPR
43360	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH
43361	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT
43400	LIGATION DIRECT ESOPHAGEAL VARICES
43401	TRNSXJ ESOPH W/RPR ESOPHAGEAL VARICES
43405	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF&J
43410	SUTR ESOPHGL WND/INI CRV APPR
43415	SUTR ESOPHGL WND/INI THRC/TABDL APPR
43420	CLSR ESOPHAGOTOMY/FSTL THRC/TABDL APPR
43425	CLSR ESOPHAGOTOMY/FSTL THRC/TABDL APPR
43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS
43453	DILATION ESOPHAGUS GUIDE WIRE
43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE
43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS
43499	UNLISTED PROCEDURE ESOPHAGUS
43500	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL
43501	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER
43502	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC
43510	GSTRIT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE
43520	PYLOROTOMY/OTOMY CUTTING PYLORIC MUSC
43605	BIOPSY STOMACH LAPAROTOMY
43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH
43611	EXC LOCAL MALIGNANT TUMOR STOMACH
43620	GSTRCT TOT W/ESOPHAGOTEROSTOMY
43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ
43622	GSTRCT TOT W/FRM INSTINAL POUCH ANY TYPE
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY
43632	GSTRCT PRTL DSTL W/GASTROIEJUNOSTOMY

Procedure Code	Procedure Description
65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRI
65270	RPR LAC CINC W/WO NONPERFOR LAC SCLERA DIR CLSR
65272	RPR LAC CINC MOBIL& REARGMT W/O HOSPITALIZATION
65273	RPR LAC CINC MOBIL & REARGMT W/HOSPIZATION
65275	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY
65280	RPR LAC CORNEA&SCLERA PERFOR X INVG UVEAL TIS
65285	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T
65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA&SCLERA
65290	RPR WND EXTRAOCULAR MUSCLE TENDON&TENON CAPSU
65400	EXCISION LESION CORNEA XCP PTERYGIUM
65410	BIOPSY CORNEA
65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT
65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG
65430	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE
65435	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION
65436	RMVL CORNEAL EPITHELIUM W/APPL CHEMOLATING AGENT
65450	DSTRJ LESION CRYOTHER PHOTO/THERMOCOAGULATION
65600	MULTIPLE PUNCTURES ANTERIOR CORNEA
65710	KERATOPLASTY ANTERIOR LAMELLAR
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA
65750	KERATOPLASTY PENETRATING APHAKIA
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA
65756	KERATOPLASTY ENDOTHELIAL
65757	BACKBENCH PREP CORNEAL ENDOTHELIAL ALLOGRAFT
65760	KERATOMILEUSIS
65765	KERATOPHAKIA
65767	EPIKERATOPLASTY
65770	KERATOPROSTHESIS
65771	RADIAL KERATOMY
65772	CORNIL RELAXING INC CORRIJ INDUCED ASTIGMATISM
65775	CORNIL WEDGE RESCI CORRIJ INDUCED ASTIGMATISM
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES
65779	PLACE AMNIOTIC MEMBRA OCULAR SURFACE SUTURED
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT
65782	OCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT
65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS
65800	PARACENTIS ANT CHAMB EYE ASPIR AQUEOUS SPX
65810	PARACENTIS ANT CHAM RMVL VITREOUS W/WO AIR INIX
65815	PARACENT ANT CHAM RMVL BLOOD W/WO IRRIG&AIR IN
65820	GONIOTOMY
65850	TRABECULOTOMY AB EXTERNO
65855	TRABECULOPLASTY BY LASER SURGERY
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX
65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNCHIAE
65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE
65880	SEVERING ADS ANT SEG INCAL SPX CORNEO&VITREAL
65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE
65920	RMVL IMPLANTED MATERIAL ANTERIOR SEGMENT EYE
65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE
66020	INIX ANTERIOR CHAMBER EYE AIR/LIQUID SPX
66030	INIX ANTERIOR CHAMBER EYE MEDICATION SPX
66130	EXCISION LESION SCLERA
66150	FSTLJ SCLERA GLAUCOMA TREPHN W/RIDECOTMY
66155	FSTLJ SCLERA GLAUCOMA THERMOCOAGULT IRRIDEC
66160	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDEC
66170	FSTLJ SCLERA GLAUCOMA TRABECULAB EXTERNO
66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING
66174	TRULMIL DILAT AQUEOUS CANAL W/O DEVICE/STENT
66175	TRULMIL DILAT AQUEOUS CANAL W/DEVICE/STENT
66179	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT
66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR
66184	RPR SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT
66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT
66220	REPAIR SCLERAL STAPHYLOMA W/O GRAFT
66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT
66250	REVJ/RPR OPATIVE WOUND ANTERIOR SEGMENT
66500	IRIDOTOMY STAB INC SPX TRANSFIXION
66505	IRIDOTOMY STAB INC SPX TRANSFIXION
66600	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES
66605	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY
66625	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX
66630	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX
66635	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX
66680	REPAIR IRIS CILIARY BODY
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE
66700	CILIARY BODY DESTRUCTION DIATHERMY
66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSCERIAL
66711	CILIARY BODY DSTRJ CYCLOPHOTOCOAG ENDOSCOPIC
66720	CILIARY BODY DESTRUCTION CRYOTHERAPY
66740	CILIARY BODY DESTRUCTION CYCLODIALYSIS
66761	IRIDOTOMY/IRIDECTOMY LASER SURG PER SESSION
66762	IRIDOPLASTY PHOTOCOAGULATION 1/2-SESSIONS
66770	DSTRJ CYST/LESION IRIS/CILIARY BODY
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT
66821	POST-CATARACT LASER SURGERY
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX
66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCL SCTJ
66840	RMVL LENS MATERIAL ASPIR TO 1/> STAGES
66850	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR
66852	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
27305	FASCIOTOMY LIOTIBIAL OPEN
27306	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX
27307	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON
27310	ARTHRT KNE W/EXPL DRG/RMVL FB
27323	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP
27325	NEURECTOMY HAMSTRING MUSCLE
27326	NEURECTOMY POPLITEAL
27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM
27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM
27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM
27330	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY
27331	ARTHRT KNE W/T EXPL BK/RMVL LOOSE/FB
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT
27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR
27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA
27337	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/+
27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/+
27340	EXCISION PREPATELLAR BURSA
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE
27347	EXCISION LESION MENISCUS/CAPSULE KNEE
27350	PAATELECTOMY/HEMI/PAATELECTOMY
27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR
27356	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT
27357	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT
27358	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION
27360	PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA
27364	RAD RESECTION TUMOR SOFT TISS THIGH/KNEE 5 CM/+
27365	RADICAL RESECTION TUMOR FEMUR OR KNEE
27370	INJECTION KNEE ARTHROGRAPHY
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE
27380	SUTURE INFRAPATELLAR TENDON PRIMARY
27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF
27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY
27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ
27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON
27391	TENOTOMY OPN HAMSTRNG KNEE HIP MULTIPLE 1 LEG
27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI
27393	LENGTHENING HAMSTRING TENDON SINGLE
27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG
27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL
27396	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON
27397	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN
27400	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR
27403	ARTHROTOMY W/MENISCUS REPAIR KNEE
27405	RPR PRIMARY TORN LIGMB&/CAPSULE KNEE COLLATERAL
27407	REPAIR PRIMARY TORN LIGMB&/CAPSULE KNEE CRUCIAT
27409	RPR 1 TORN LIGMB&/CAPS KNE COLTR&/CRUCIATE
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY
27418	ANTERIOR TIBIAL TUBERCLEPLASTY
27420	RCNSTJ DISLOCATING PATELLA
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL
27424	RCNSTJ DISLC PATELLA W/PAATELECTOMY
27425	LATERAL RETINACULAR RELEASE OPEN
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR
27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR
27430	QUADRICEPSPLASTY
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS
27438	ARTHROPLASTY PATELLA W/PROSTHESIS
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDM&PRTL SYNCT
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE
27443	ARTHRP FEM CONDYLES/TIB PLATU KNE DBRDM&PRTL
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS
27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION
27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION
27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT
27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL
27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL
27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876
27466	OSTEOPLASTY FEMUR LENGTHENING
27468	OSTPL FEMUR CMBN LGHT&SHRT W/FORMAL SGM TRNSFR
27470	RPR NON/MAL FEMUR DSTL H/N W/O FR
27472	RPR NON/MAL FEMUR DSTL H/N W/LIAC/AUTOG BONE
27475	ARREST EPIPHYSAL DISTAL FEMUR
27477	ARREST EPIPHYSAL TIBIA & FIBULA PROXIMAL
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA
27486	REVJ TOTAL KNEE ARTHRP W/O ALGRFT 1 COMPONENT
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE
27488	RMVL PROSTH TOT KNEE PROSTH MMA W/NO INSJ SPACER
27495	PROPH TX N/P/PLTWR W/O METHYLMETHACRYLATE FEMUR
27496	DECOMPRESSIO FASCIOTOMY THIGH&/KNEE 1 COMPONENT
27497	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCL&/NERVE
27498	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS
27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NVRV

Procedure Code	Procedure Description
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH
43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT
43640	VTGMY W/PYLORPLSTY W/O GASTROST TRUNCAL/SLCTV
43641	VTGMY W/PYLORPLASTY W/O GASTROST PARIETAL CELL
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM
43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM
43651	LAPS SURG TRNSX VAGUS NRV TRUNCAL
43652	LAPS SURG TRNSXI VAGUS NRV SLCTV/HILY SLCTV
43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE
43753	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE
43754	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN
43755	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC
43756	DUODENAL INTUBAT W/IMG GUIDED SINGLE SPECIMEN
43757	DUODENAL INTUBAT W/IMG GUIDED MULTIPLE SPECIMEN
43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GDNCE
43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT
43775	LAPS GSTRC RSTRICTV PX LONGITUDINAL GASTRECTOMY
43800	PYLOROPLASTY
43810	GASTRODUODENOSTOMY
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE
43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX
43831	GASTROSTOMY OPN NEONATAL FEEDING
43832	GASTROSTOMY OPN W/CONSTJ GSTR TUBE
43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ
43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY
43843	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP
43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM
43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/+
43847	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE
43850	REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY
43855	REVJ GASTRODUOL ANAST W/RCNSTJ W/VTGMY
43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VTGMY
43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VTGMY
43870	CLOSURE GASTROSTOMY SURG
43880	CLOSURE GASTROCOLIC FISTULA
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN
43882	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY
43888	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT
43999	UNLISTED PROCEDURE STOMACH
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX
44010	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL
44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD
44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL
44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN
44025	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL
44050	RDCJT VOLVULUS INTUSSUSCEPTION INT HRNA LAPT
44055	CORRI MAURORTATION BANDS&/RDCJT VOLVULUS
44100	BX INTESTINE CAPSULE TUBE PRORAL 1/+ SPECIMENS
44110	EXC 1/+ SMALL/LARGE LESIONS INTESTINE ENTEROTOM
44111	EXC 1/+ SM/LG LESIONS INTESTINE MULT ENTEROTOMIE
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST
44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA
44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY
44126	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING
44127	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING
44128	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS
44130	ENTEROENTEROST ANAST INT W/O CUTAN NTRSTM SPX
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR
44133	DONOR ENTERECTOMY OPEN LIVING DONOR
44135	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR
44136	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR
44137	RMVL TRNSPLD INTESTINAL ALLOGRAFT COMPL
44139	MOBJL SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT
44140	COLECTOMY PARTIAL W/ANASTOMOSIS
44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY
44143	COLECTOMY PRTL W/END COLOSTOMY & CLR DSTL SGMT
44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY
44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY
44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS
44151	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST
44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY
44156	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST
44157	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST
44158	COLCT TTL ABD W/PROCTECT ILEOANAL ANAST & RSVR
44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCELOS
44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY

Procedure Code	Procedure Description
66920	RMVL LENS MATERIAL INTRACAPSULAR
66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS
66940	REMOVAL LENS MATERIAL EXTRACAPSULAR
66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG
66983	ICAPSULAR CATARACT XTRI INSJ IO SIMPLE PRSTH 1 STG
66984	CATARACT REMOVAL INSERTION OF LENS
66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL
66986	EXCHANGE INTRACULAR LENS
66990	USE OPHTHALMIC ENDOSCOPE
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE
67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL
67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT
67015	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL
67025	INI SUBSTITUTE PARS PLANA/LIMB W/NO ASPIR SPX
67027	IMPLTJ INTRAVITREAL TRNG DLVR SYS RMVL VTS
67028	INTRAVITREAL NIX PHARMACOLOGIC AGT SPX
67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH
67031	SEVERING VITREOUS STRANS LASER 1/+ STAGES
67036	VITRECTOMY MECHANICAL PARS PLANA
67039	REPAIR GASTROSTOMY TUBE PERCUTANEOUS W/O GDNCE
67040	VITRECTOMY MCHNL PARS PLANA ENDOLASER PANRTRA PC
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE
67042	VITRECTOMY PARS PLANA REMOVE INT MEMBR RETINA
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE
67101	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX
67105	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC
67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH
67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS
67113	RPR COMPLEX RETINA DETACH VITRECT & MEMBRANE PEEL
67115	RELEASE ENCRICLING MATERIAL POSTERIOR SEGMENT
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR
67121	RMVL IMPLNT MATL POSTERIOR SEGMENT INTRAOCCULAR
67141	PROPH RTA DTCHMNT W/O DRG 1/+ SESS CRTX DTRHM
67145	PROPH RTA DTCHMNT W/O DRG 1/+ SESS
67208	DSTRJ LOCLDZ LESION RETINA 1/+ SESS CRTX DTRHM
67210	DSTRJ LOCLDZ LESION RETINA 1/+ SESS PC
67218	DSTRJ LESION RETINA 1/+ SESS RADJ IMPLTJ
67220	DSTRJ LESION CHOROID PC 1/+ SESS
67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY
67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION
67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION
67229	EXTENSIVE RETINOPATHY 1/+ SESS PRETERM INFANT
67250	SCLERAL REINFORCEMENT SPX W/O GRAFT
67255	SCLERAL REINFORCEMENT SPX W/GRAFT
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT
67311	STRABISMUS RECESSIO/RESCI 1 HRZNTL MUSC
67312	STRABISMUS RECESSIO/RESCI 2 HRZNTL MUSC
67314	STRABISMUS RECESSIO/RESCI 1 VER MUSC
67316	STRABISMUS RECESSIO/RESCI 2/MORE VER MUSC
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE
67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC
67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY
67334	STRABISMUS POST FIXJ SUTR TO W/O MUSC RECESSIO
67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS
67340	STRABISMUS EXPL&/RPR DETACHED EXTRAOCULAR MUSC
67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX
67345	CHEMODENERVATION EXTRAOCULAR MUSCLE
67346	BIOPSY EXTRAOCULAR MUSCLE
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE
67400	ORBITOTOMY W/O BONE FLAP EXPL W/NO BIOPSY
67405	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY
67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION
67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY
67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN
67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS
67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION
67430	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB
67440	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG
67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN
67450	ORBITOTOMY BONE FLAP/WINDOW LAT EXP W/NO BX
67500	RETROBULBAR INJECTION MEDICATION SPX
67505	RETROBULBAR INJECTIO ALCOHOL
67515	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE
67550	ORBITAL IMPLANT INSERTION
67560	ORBITAL IMPLANT REMOVAL/REVISION
67570	OPTIC NERVE DECOMPRESSION
67599	UNLISTED PROCEDURE ORBIT
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID
67710	SEVERING TARSORRHAPHY
67715	CANTHOTOMY SEPARATE PROCEDURE
67800	EXCISION CHALAZION SINGLE
67801	EXCISION CHALAZION MULTIPLE SAME LID
67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT
67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN
67820	CORRECTION TRICHIASIS EPLIATION FORCES ONLY
67825	CORRECTION TRICHIASIS EPLIATION OPTH/THAN FORCES
67830	CORRECTION TRICHIASIS INCISION LID MARGIN
67835	CORRU TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF
67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
27500	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION
27501	CLTX SPRCNDYL/R/TRNSCNDYL R FEM FX W/O MANI
27502	CLTX FEM SHFT FX W/MANI W/WO SKIN/SKELETAL TRACI
27503	CLTX SPRCNDYL/R/TRNSCNDYL R FEM FX W/MANI
27506	OPTX FEM SHFT FX W/INSI IMED IMPLT W/WO SCREW
27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE
27508	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANI
27509	PRQ SKELETAL FIXI FEMORAL FX DISTAL END
27510	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANI
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE
27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANI
27517	CLTX DSTL FEM EPIPHYSL SEP W/MANI W/WO SKIN/SKEL
27519	OPEN TX DISTAL FEMORAL EPIPHYSAL SEPARATION
27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION
27524	OPTX PATLLR FX W/INT FIXI/PATLLC&SOFT TISS RPR
27530	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION
27532	CLTX TIBIAL FX PROXIMAL W/WO MANI W/SKEL TRACI
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR
27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXI
27538	CLTX INTERCONDYLAR SPI&TUBRST FX KNEE W/WO MAN
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE
27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA
27552	CLOSED TX KNEE DISLOCATION W/ANESTHESIA
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENOUS REPAIR
27557	OPEN TX KNEE DISLOCATION W/LIGAMENOUS REPAIR
27558	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION
27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA
27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA
27566	OPTX PATELLAR DISC W/WO PRTL/TOT PATELLECTOMY
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA
27580	ARTHRODESIS KNEE ANY TECHNIQUE
27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL
27591	AMP TH THRU FEMUR LVL IMMT FITG TQ W/1ST CST
27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCLAR
27594	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION
27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION
27598	DISARTICULATION KNEE
27599	UNLISTED PROCEDURE FEMUR/KNEE
27600	DCMPRN FASCT LEG ANTR&LAT COMPARTMENTS ONLY
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY
27602	DCMPRN FASCT LEG ANTR&LAT&PST CMPRT
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA
27604	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA
27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES
27607	INCISION LEG/ANKLE
27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB
27612	ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNPTH
27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP
27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <SCM
27616	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>
27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM
27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <SCM
27620	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB
27625	ARTHROTOMY W/SYNOVECTOMY ANKLE
27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&ANK
27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>
27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>
27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA
27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT
27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT
27640	PARTIAL EXCISION BONE TIBIA
27641	PARTIAL EXCISION BONE FIBULA
27645	RADICAL RESECTION OF TUMOR TIBIA
27646	RADICAL RESECTION TUMOR BONE FIBULA
27647	RADICAL RESECTION OF TUMOR TALLUS OR CALCANEUS
27648	INJECTION ANKLE ARTHROGRAPHY
27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT
27656	REPAIR FASCIAL DEFECT LEG
27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH
27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH
27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH
27665	RPR EXTENSOR TENDON LEG SECONDARY W/WO GRAFT EACH
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOATOMY
27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEO
27680	TENOLYSIS FLXR/XTNSR TENDON LEG&ANKLE 1 EACH
27681	TNOLS FLXR/XTNSR TDN LEG&ANKLE MLT TDN
27685	LNPTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX
27686	LNPTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA
27687	GASTROCNEMIUS RESECTION
27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP
27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN
27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LGMS
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL
27700	ARTHROPLASTY ANKLE

Procedure Code	Procedure Description
44187	LAPAROSCOPY SURG ILEOSTOMY/ILEJUNOSTOMY NON-TUBE
44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY
44202	LAPS ENTERECT RESCI 1 SMALL INTEST RESCI & ANA
44203	LAPAROSCOPY SMALL INTESTINE RESCI & ANASTOMOSIS
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM
44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST
44210	LAPS COLECTOMY TOT W/O PRCTCT W/ILEOST/ILEOPXTS
44211	LAPS COLCT TTL ABD W/PRCTCT ILEOANAL ANASTOMOSIS
44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY
44213	LAPS MOBLI SPLNIC FLXR PRFMD W/PRTL COLECTOMY
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCI & ANASTOMOSIS
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN
44310	ILEOSTOMY/ILEJUNOSTOMY NON-TUBE
44312	REVI ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX
44314	REVI ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX
44316	CONTINENT ILEOSTOMY KOCK PROCTECTOMY
44320	COLOSTOMY/SKN LEVEL CECOSTOMY
44322	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX
44340	REVI COLOSTOMY SMPL RLS SUPFC SCAR SPX
44345	REVI COLOSTOMY COMP RCNSTJ IN-DEPTH SPX
44346	REVI COLOSTOMY W/RPR PARACLT HERNIA SPX
44360	ENDOSCOPY UPPER SMALL INTESTINE
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY
44363	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY
44364	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE
44365	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY
44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING
44369	ENTEROSCOPY > 2ND PRTN ABTLI LESION
44370	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT
44372	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE
44373	ENTEROSCOPY > 2ND PRTN CONV W/BX SINGLE/TUBE
44376	ENTEROSC > 2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX
44377	ENTEROSC > 2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE
44378	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING
44379	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT
44380	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD
44381	ILEOSCOPY STOMA W/BALLOON DILATION
44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE
44384	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT
44385	NDSC EVAL INSTINAL POUCH DX W/COLLJ SPEC SPX
44386	NDSC EVAL INSTINAL POUCH W/BX SINGLE/MULTIPLE
44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX
44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE
44390	COLONOSCOPY STOMA W/RMVL FOREIGN BODY
44391	COLONOSCOPY STOMA CONTROL BLEEDING
44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS
44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE
44401	COLONOSCOPY STOMA ABLATION LESION
44402	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT
44403	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCI
44404	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION
44405	COLONOSCOPY STOMA W/BALLOON DILATION
44406	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM
44407	COLONOSCOPY STOMA W/US GUID NDL ASPIR/BX
44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION
44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE
44602	ENTERORRHAPHY 1 PERFORATION
44603	ENTERORRHAPHY MULTIPLE PERFORATIONS
44604	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY
44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY
44615	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCI
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE
44625	CLSR NTRSTM LG/SM RESCI & ANAST OTH/THN CLRCT
44626	CLSR NTRSTM LG/SM RESCI & COLECTAL ANASTOMOSIS
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA
44650	CLSR ENTERENTERIC/ENTEROCOLIC FSTL
44660	CLSR ENTEROVES FSTL W/O INSTINAL/BLADDER RESCI
44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCI
44680	INTESTINAL PPLICATION SEPARATE PROCEDURE
44700	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS
44701	INTRAOPERATIVE COLONIC LAVAGE
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION
44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA
44799	UNLISTED PROCEDURE SMALL INTESTINE
44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENERIC DUCT
44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE
44850	SUTURE MESENTERY SEPARATE PROCEDURE
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY
44900	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN
44950	APPENDECTOMY
44955	APPENDECT INDICATED PURPOSE OTH MAJOR PX NOT SPX
44960	APPENDECT RPTD APPENDIX ABS/PRITONITIS
44970	LAPAROSCOPIC APPENDECTOMY
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS
45005	I&D SUBMUCOSAL ABSCESS RECTUM
45020	I&D DP SUPRALEVATOR PELVICIR/RETRORECT ABS

Procedure Code	Procedure Description
67850	DESTRUCTION LESION LID MARGIN < 1 CM
67875	TEMPORARY CLOSURE EYELIDS SUTURE
67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPHY
67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS
67900	REPAIR BROW PTOSIS
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING
67903	RPR BLEPHAROPTOSIS LEVATOR RESCI/ADVDMNT INTERNAL
67904	RPR BLEPHAROPTOSIS LEVATOR RESCI/ADVDMNT XTRNL
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING
67908	RPR BLOS CONIUNCTIVO-TARSO-MUSC-LEVATOR RESCI
67909	REDUCTION OVERCORRECTION PTOSIS
67911	CORRECTION LID RETRACTION
67912	CORRI LAGOPHTHALMOS IMPLTJ UPTR EYELID LID LOAD
67914	REPAIR ECTROPION SUTURE
67915	REPAIR ECTROPION THERMOCAUTERIZATION
67916	REPAIR ECTROPION EXCISION TARSAL WEDGE
67917	REPAIR ECTROPION EXTENSIVE
67921	REPAIR ENTROPION SUTURE
67922	REPAIR ENTROPION THERMOCAUTERIZATION
67923	REPAIR ENTROPION EXCISION TARSAL WEDGE
67924	REPAIR ENTROPION EXTENSIVE
67930	SUTR WND EYELID/MARGIN/TARSUS/CONIUNC PRTL THICK
67935	SUTR WND EYELID/MARGIN/TARSUS/CONIUNC FULL THICK
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID
67950	CANTHOPLASTY
67961	EXCISION & REPAIR EYELID > ONE-FOURTH LID MARGIN
67966	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN
67971	RCNSTJ EYELID FULL THICKNESS < 1/2-3/4-1STG
67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG
67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE
67999	UNLISTED PROCEDURE EYELIDS
68020	INCISION CONIUNCTIVA DRAINAGE OF CYST
68040	EXPRESSION CONIUNCTIVAL FOLLICLES
68100	BIOPSY CONIUNCTIVA
68110	EXCISION LESION CONIUNCTIVA < 1 CM
68115	EXCISION LESION CONIUNCTIVA > 1 CM
68130	EXCISION LESION CONIUNCTIVA ADJACENT SCLERA
68135	DESTRUCTION LESION CONIUNCTIVA
68200	SUBCONIUNCTIVAL INJECTION
68320	CONIUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT
68325	CONIUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT
68328	CONIUNCTIV CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT
68330	RPR SYMBLEPHARON CONIUNCTIVOPLASTY W/O GRAFT
68335	RPR SYMBLEPHARON FR GRF CINC/BUCCAL MUC MEMB
68340	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE
68360	CONIUNCTIVAL FLAP BRIDGE/PARTIAL SPX
68362	CONIUNCTIVAL FLAP TOTAL
68371	HARVESTING CONIUNCTIVAL ALLOGRAPHY LIVING DONOR
68399	UNLISTED PROCEDURE CONIUNCTIVA
68400	INCISION DRAINAGE LACRIMAL GLAND
68420	INCISION DRAINAGE LACRIMAL SAC
68440	SNIP INCISION LACRIMAL PUNCTUM
68500	EXCISION LACRIMAL GLAND XCP TUMOR PRTL
68505	EXCISION LACRIMAL GLAND XCP TUMOR TOTAL
68510	BIOPSY LACRIMAL GLAND
68520	EXCISION LACRIMAL SAC
68525	BIOPSY LACRIMAL SAC
68530	RMVL FB/DACRYOLITH LACRIMAL PASSAGES
68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH
68550	EXC LACRIMAL GLAND TUMOR W/O OSTEOATOMY
68700	PLASTIC REPAIR CANALICULI
68705	CORRECTION EVERTED PUNCTUM CAUTERY
68720	DACRYOCYSTORRHINOSTOMY
68745	CONIUNCTIVORRHINOSTOMY W/O TUBE
68750	CONIUNCTIVORRHINOSTOMY INSI TUBE/STENT
68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER
68761	CLSR LACRIMAL PUNCTUM PLUG EACH
68770	CLOSURE LACRIMAL FISTULA SPX
68801	DILATION LACRIMAL PUNCTUM W/O IRRIGATION
68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES
68815	PROBE NASOLACRIMAL DUCT W/WO IRRIG INSI TUBE/STNT
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION
68840	PROBE LACRIMAL CANALICULI W/WO IRRIGATION
68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPHY
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM
69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE
69005	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMLPX
69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS
69090	EAR PIERCING
69100	BIOPSY EXTERNAL EAR
69105	BIOPSY EXTERNAL AUDITORY CANAL
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR
69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION
69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL
69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL
69150	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ
69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES
69205	RMVL FB XTRNL AUDITORY CANAL ANES

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
27702	ARTHROPLASTY ANKLE W/IMPLANT
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE
27704	REMOVAL ANKLE IMPLANT
27705	OSTEOTOMY TIBIA
27707	OSTEOTOMY FIBULA
27709	OSTEOTOMY TIBIA & FIBULA
27712	OSTEOT MLT W/RELIGNMT IMED ROD
27715	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN
27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT
27722	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT
27724	RPR NON/MAL TIBIA W/LIAC/OTH AGRET
27725	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH
27726	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION
27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA
27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA
27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA
27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA
27740	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA
27742	ARRST EPIPHYSL ANY METH TIBI&BDSTL FEMUR
27745	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA
27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION
27752	CLTX TIBIAL SHAFT FX W/MANI W/WO SKEL TRACI
27756	PROQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE
27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE
27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&CERCLA
27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION
27762	CLTX MEDIAL MALLS FX W/MANI W/WO SKN/SKEL TRACI
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE
27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANI
27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANI
27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE
27780	CLTX PROX FIBULA/SHFT FX W/O MANI
27781	CLTX PROX FIBULA/SHFT FX W/MANI
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANI
27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANI
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANI
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANI
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE
27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION
27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPLATION
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXI PST LIP
27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXI PST LIP
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/O MANI
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACI
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION
27830	CLTX PROX TIBIFIB JT DISCL REQ ANES
27831	CLTX PROX TIBIFIB JT DISCL REQ ANES
27832	OPEN TX PROX TIBIFIB JOINT DISLOCATE EXC PROX FIB
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA
27842	CLTX ANKLE DISCL REQ ANES W/WO PROQ SKEL FIXI
27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXI
27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTNRL FIXI
27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA
27870	ARTHRODESIS ANKLE OPEN
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL
27880	AMPUTATION LEG THROUGH TIBIA&FIBULA
27881	AMP LEG THRU TIBIFIB W/IMMT FITG TQ W/1ST CST
27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR
27884	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV
27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION
27888	AMP ANKLE-MALLI TIBIFIB W/PLSTC CLSR&RESCI NRV
27889	ANKLE DISARTICULATION
27892	DCMPRN FASCT LEG ANTR/LAT W/DBRDMT MUSC&NERVE
27893	DCMPRN FASCT LEG PST W/DBRDMT MUSC&NRV
27894	DCMPRN FASCT LEG ANTR/LAT&PST W/DBRDMT MUS
27899	UNLISTED PROCEDURE LEG/ANKLE
28001	INCISION&DRAINAGE BURSA FOOT
28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE
28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS
28005	INCISION BONE CORTEX FOOT
28008	FASCIOTOMY FOOT&/TOE
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRNLS/TARS JT
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT
28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT
28035	RELEASE TARSAL TUNNEL
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5 CM
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5 CM
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>
28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT
28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT
28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT
28060	FASCICTOMY PLANTAR FASCIA PARTIAL SPX

Procedure Code	Procedure Description
45100	BX ANORECTAL WALL ANAL APPROACH
45108	ANORECTAL MYOMECTOMY
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST
45111	PRCTECT PRTL RESCI RECTUM TABDL APPR
45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX
45113	PRCTECT PRTL W/MUCOSELI LEONAL ANST RSVR
45114	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH
45116	PRCTECT PRTL W/ANAST TRANSACC APPR ONLY
45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM
45120	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS
45121	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS
45123	PRCTECT PRTL W/O ANAST PRNL APPR
45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY
45130	EXC RCT PROCI DENTIA W/ANAST PERINEAL APPROACH
45135	EXC RCT PROCI DENTIA W/ANAST ABDL & PRNL APPROACH
45136	EXC ILEOANAL RSVR W/LEOSTOMY
45150	DIVISION STRICTURE RECTUM
45160	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCYGEAL
45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA
45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH
45300	PROCTOSGDMSC RGD DX W/WO COLLI SPEC BR/WA SPX
45303	PROCTOSGDMSC RIGID W/DILATION
45305	PROCTOSGDMSC RIGID W/BX SINGLE/MULTIPLE
45307	PROCTOSGDMSC RIGID W/RMVL FOREIGN BODY
45308	PROCTOSGDMSC RIGID RMVL 1 LESION CAUTERY
45309	PROCTOSGDMSC RIGID RMVL 1 LESION SNARE TQ
45315	PROCTOSGDMSC RIGID RMVL MULT TUMOR CAUTERY/SNARE
45317	PROCTOSGDMSC RIGID CONTROL BLEEDING
45320	PROCTOSGDMSC RIGID ABLATION LESION
45321	PROCTOSGDMSC RIGID DCMPRN VOLVULUS
45327	PROCTOSGDMSC RIGID TNDS SCENT PLMT
45330	SIGMOIDOSCOPY FLX DX W/COLL SPEC BR/WA IF PFRMD
45331	SIGMOIDOSCOPY FLX W/BOPSY SINGLE/MULTIPLE
45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY
45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS
45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING
45335	SGMDSX FLX Dired SBMCSL NIX ANY SBST
45337	SGMDSX FLX W/DCMPRN W/PLMT DCMPRN TUBE
45338	SGMDSX FLX RMVL TUM POLYP/OTH LES SNARE TQ
45340	SIGMOIDOSCOPY FLX TNDS BALO DILAT
45341	SIGMOIDOSCOPY FLX NDSC US XM
45342	SIGMOIDOSCOPY FLX TNDS US GUD NDL ASPIR/BX
45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES
45347	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT
45349	SGMDSX FLX WITH ENDOSCOPIC MUCOSAL RESECTION
45350	SIGMOIDOSCOPY FLX WITH BAND LIGATION(S)
45378	COLONOSCOPY FLX DX W/COLL SPEC WHEN PFRMD
45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)
45380	COLONOSCOPY W/B/OPSY SINGLE/MULTIPLE
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NIX ANY SBST
45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ
45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT
45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES
45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION
45391	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&BDJ STRUX
45392	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)
45399	UNLISTED PROCEDURE COLON
45400	LAPAROSCOPY PROCTOPEXY PROLAPSE
45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCI
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM
45500	PROCTOPLASTY STENOSIS
45505	PROCTOPLASTY PROLAPSE MUCOS MEMBRANE
45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE
45540	PROCTOPEXY ABDOMINAL APPROACH
45541	PROCTOPEXY PERINEAL APPROACH
45550	PROCTOPEXY W/SIGMOID RESCI ABDL APPR
45560	REPAIR RECTOCELE SEPARATE PROCEDURE
45562	EXPL RPR & PRESACRAL DRG RECTAL INJURY
45563	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY
45800	CLOSURE RECTOVESICAL FISTULA
45805	CLSR RECTOVESICAL FISTULA W/COLOSTOMY
45820	CLOSURE RECTOURETHRAL FISTULA
45825	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY
45900	RDCJT PROCI DENTIA UNDER ANES SEPARATE PROCEDURE
45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL
45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL
45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX
45999	UNLISTED PROCEDURE RECTUM
46020	PLACEMENT SETON
46030	REMOVAL ANAL SETON OTHER MARKER
46040	I&D ISCHIORECTAL&PERIRECTAL ABSCESS SPX
46045	I&D INTRIANAL IM/ABSC TRANSANAL ANES
46050	I&D PERIAREAL ABSCESS SUPERFICIAL
46060	I&D ISCHIORCT/INTRAMURAL ABSX W/WO SETON

Procedure Code	Procedure Description
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT
69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCJT
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX
69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG
69399	UNLISTED PROCEDURE EXTERNAL EAR
69420	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ
69421	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES
69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES
69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA
69436	TYMPANOSTOMY GENERAL ANESTHESIA
69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC
69450	TYMPANOLYSIS TRANSCANAL
69501	TRANSMASTOID ANTROTOMY
69502	MASTOIDECTOMY COMPLETE
69505	MASTOIDECTOMY MODIFIED RADICAL
69511	MASTOIDECTOMY RADICAL
69530	PETROUS APEXCTOMY RADICAL MASTOIDECTOMY
69535	RESCI TEMPORAL BONE EXTERNAL APPROACH
69540	EXCISION AURAL POLYP
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL
69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID
69554	EXCISION AURAL GLOMUS TUMOR EXTENDED
69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY
69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDCT
69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY
69604	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY
69605	REVJ MASTOIDECTOMY W/APICECTOMY
69610	TYMPANIC MEMB RPR W/WO PREP] PERFOR PATCH
69620	MYRINGOPLASTY
69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ
69632	TYMPANOPLASTY W/O MSTDCT 1ST/REVJ W/OSSICLE RECNSTJ
69633	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP
69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ
69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ
69637	TYMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP
69641	TYMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ
69642	TYMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ
69643	TYMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR
69644	TYMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR
69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR
69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR
69650	STAPES MOBILIZATION
69660	STAPEDECTOMY/STAPEDOTOMY
69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT
69662	REVISION STAPEDECTOMY/STAPEDOTOMY
69666	REPAIR OVAL WINDOW FISTULA
69667	REPAIR ROUND WINDOW FISTULA
69670	MASTOID OBLITERATION SEPARATE PROCEDURE
69676	TYMPANIC NEURECTOMY
69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX
69710	IMPLTJ/RPLMCT EMBGT BONE CNDJ DEV TEMPORAL BONE
69711	RMVL/RPR EMBGT BONE CNDJ DEV TEMPORAL BONE
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID
69715	IMPLI OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID
69717	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY
69718	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY
69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION
69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENUCLULATE
69740	SUTR NRV ITRVL W/WO GRF/DCMPRN LAT GENUCLULATE
69745	SUTR NRV ITRVL W/WO GRF/DCMPRN MEDIAL GENUCLULATE
69799	UNLISTED PROCEDURE MIDDLE EAR
69801	LABYRINTHOTOMY TRANSCANAL
69805	ENDOLYMPHATIC SAC W/O SHUNT
69806	ENDOLYMPHATIC SAC SHUNT
69820	FENESTRATION SEMICIRCULAR CANAL
69840	REVISION FENESTRATION OPERATION
69905	LABYRINTHOTOMY TRANSCANAL
69910	LABYRINTHOTOMY W/MASTOIDECTOMY
69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY
69949	UNLISTED PROCEDURE INNER EAR
69950	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH
69955	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR
69960	DECOMPRESSION INTERNAL AUDITORY CANAL
69970	REMOVAL TUMOR TEMPORAL BONE
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA
69990	MI CROUSING TQS REQ USE OPERATING MICROSCOPE
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON
76000	Fluoroscopy <1 hr phys/ghp

Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX
28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX
28072	SYNOVECTOMY METATARSOPHALANGAL JOINT EACH
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA
28100	EXCISION/CURETTAGE CYST/TUMOR TALLUS/CALCANEUS
28102	EXC/CURTTG CST/B9 TUM TALLUS/CLCNS W/LIAC/AGRFT
28103	EXC/CURETTAGE CYST/TUMOR TALLUS/CALCANEUS ALGRFT
28104	EXC/CURTTG BONE CYST/B9 TUMORTARSAL/METATARSAL
28106	EXC/CURTTG CST/B9 TUM TARSAL/METAR W/LIAC/AGRFT
28107	EXC/CURTTG CST/B9 TUM TARSAL/METAR W/ALGRFT
28108	EXC/CURTTG CST/B9 TUM PHALANGES FOOT
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD
28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC
28116	OSTECTOMY TARSAL COALITION
28118	OSTECTOMY CALCANEUS
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTR FASCIAL RLS
28120	PARTIAL EXCISION BONE TALLUS/CALCANEUS
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALLUS/CALCANEUS
28124	PARTIAL EXCISION BONE PHALANX TOE
28126	RESECTION PARTIAL/COMPLETE PHALANGAL BASE EACH
28130	TALECTOMY ASTRAGALECTOMY
28140	METATARSECTOMY
28150	PHALANGECTOMY TOE EACH TOE
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE
28160	HEMIPHALANGECTOMY/INTERPHALANGAL JOINT EXC TOE
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALLUS/CALCANEUS
28173	RADICAL RESECTION TUMOR METATARSAL
28175	RADICAL RESECTION TUMOR PHALANX OR TOE
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS
28192	REMOVAL FOREIGN BODY FOOT DEEP
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFC EACH TENDON
28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON
28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR
28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC
28250	DIVISION PLANTAR FASCIA & MUSCLE SPX
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX
28261	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING
28262	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LGTH
28264	CAPSULOTOMY MIDTARSAL
28270	CAPSUL MITTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX
28280	SYNDACTYLIZATION TOES
28285	CORRECTION HAMMERTOE
28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT
28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT
28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL
28295	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEO
28296	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEO
28297	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF
28298	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEO
28299	CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEO
28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION
28302	OSTEOTOMY TALLUS
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALLUS
28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALLUS W/AGRFT
28306	OSTEOT W/WO LGNTH SHRT/CORRJ 1ST METAR
28307	OSTEOT W/WO LGNTH SHRT/CORRJ METAR XCP 1ST TOE
28308	OSTEOT W/WO LGNTH SHRT/CORRJ METAR XCP 1ST EA
28309	OSTEOT W/WO LGNTH SHRT/ANGULAR CORRJ METAR MLT
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY
28315	SESAMOIDECTOMY FIRST TOE SPX
28320	REPAIR NONUNION/MALUNION TARSAL BONES
28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION
28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION
28344	RECONSTRUCTION TOE POLYDACTYLY
28345	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB
28360	RECONSTRUCTION CLEFT FOOT
28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION
28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION
28406	PRQ SKELETAL FIXI CALCANEAL FRACTURE W/MANJ
28415	OPEN TREATMENT CALCANEAL FRACTURE

Procedure Code	Procedure Description
46070	INCISION ANAL SEPTUM IN INFANT
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX
46083	INCISION THROMBOSED HEMORRHOID EXTERNAL
46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS
46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS
46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP
46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO
46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO
46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU
46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY
46270	SURG TX ANAL FISTULA SUBQ
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC
46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTR INCL SETON
46285	SURG TX ANAL FISTULA 2ND STAGE
46288	CLSR ANAL FSTL W/RCT ADVMTN FLAP
46320	EXC THROMBOSED HEMORRHOID XTRNL
46500	INJECTION SCLEROSING SOLUTION HEMORRHOIDS
46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD
46601	ANOSCOPY DX W/HRA & CHEM AGNTS ENHANCEMENT
46604	ANOSCOPY W/DILATION
46606	ANOSCOPY W/BX SINGLE/MULTIPLE
46607	ANOSCOPY DX W/HRA & CHEM AGNTS ENHANCEMENT W/BX
46608	ANOSCOPY W/RMVL FOREIGN BODY
46610	ANOSCOPY W/RMVL LESION CAUTERY
46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ
46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE
46614	ANOSCOPY CONTROL BLEEDING
46615	ANOSCOPY ABLATION LESION
46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT
46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT
46706	REPAIR ANAL FISTULA W/FIBRIN GLUE
46707	REPAIR ANORECTAL FISTULA PLUG
46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMTN TPRNL APPR
46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMTN CMBN APPR
46715	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK
46716	RPR LW IMPERFORATE ANUS W/TRPOX FISTULA
46730	RPR HI IMPRF ANUS W/O FSTL PRLN/SACROPRNL APPR
46735	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR
46740	RPR HI IMPRF ANUS W/FSTL PRLN/SACROPRNL APPR
46742	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL
46744	RPR CLOACAL ANOMALY SACROPERINEAL
46746	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL
46748	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF
46750	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT
46751	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHILD
46753	GRAFT THIERSCH RCT INCONTINENCE & PROLAPSE
46754	RMVL THIERSCH WIRE/SUTURE ANAL CANAL
46760	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT
46761	SPHNCTROP ANAL LEVATOR MUSC IMBRJC
46762	SPHNCTROP ANAL IMPLTJ ARTIF SPHNCTR
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL
46910	DSTRJ LESION ANUS SMPL ELTRDISICCATION
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY
46917	DSTRJ LESION ANUS SIMPLE LASER SURG
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION
46924	DSTRJ LESION ANUS EXTENSIVE
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY
46940	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST
46942	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ
46945	HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL/GRP
46946	HRHC NTRNL LIG OTH THAN RBBR BAND 2/> COL/GRP
46947	HEMORRHOIDOPEXY STAPLING
46999	UNLISTED PROCEDURE ANUS
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS
47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX
47010	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES
47015	LAPT W/ASPIR & NIX HEPATC PARASITIC CYST/ABSCESS
47100	BIOPSY LIVER WEDGE
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY
47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY
47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY
47133	DONOR HEPATECTOMY CADAVER DONOR
47135	LVR ALTRNSPLI ORTHOTOPIC PRTL/WHL DON ANY AGE
47140	DONOR HEPATECTOMY LIVING DONOR SEG II & III
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII & VI
47143	BKBENCH PREP CADAVER DONOR
47144	BKBENCH PREP CADAVER WHOLE LIVER GRF I&IV VII
47145	BKBENCH PREP CADAVER DONOR WHL LVR GRF I&V VI
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA
47300	MARSUPIALIZATION CST/ABSCESS LVR
47350	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ
47360	MGMT LVR HEMRRG CPLX SUTR WND/INJ
47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR
47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING
47370	LAPS SURG ABLTJ 1/> LVR TUM RF

Procedure Code	Procedure Description
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Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT
28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION
28435	CLOSED TX TALUS FRACTURE W/MANIPULATION
28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ
28445	OPEN TREATMENT TALUS FRACTURE
28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS
28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ
28455	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ
28456	PRQ SKEL FIXI TARS FX XCP TALUS&CALCN W/MANJ
28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION
28475	CLTX METAR FX W/MANJ
28476	PRQ SKEL FIXI METAR FX W/MANJ
28485	OPEN TREATMENT METATARSAL FRACTURE EACH
28490	CLTX FX GRT TOE PHLX/PHLG W/O MANJ
28495	CLTX FX GRT TOE PHLX/PHLG W/MANJ
28496	PRQ SKEL FIXI FX GRT TOE PHLX/PHLG W/MANJ
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES
28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE
28530	CLOSED TREATMENT SESAMOID FRACTURE
28531	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION
28540	CLTX TARSAL DISC OTH/THN TALOTARSAL W/O ANES
28545	CLTX TARSAL DISC OTH/THN TALOTARSAL W/ANES
28546	PRQ SKEL FIXI TARSAL DISC XCP TALOTARSAL W/MANJ
28555	OPEN TREATMENT TARSAL BONE DISLOCATION
28570	CLOSED TX TALOTARSAL JOINT DISC W/O ANES
28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES
28576	PRQ SKEL FIXI TALOTARSAL JT DISC W/MANJ
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION
28600	CLOSED TX TARSOMETARSAL DISLOCATION W/O ANES
28605	CLOSED TX TARSOMETARSAL DISLOCATION W/ANES
28606	PRQ SKEL FIXI TARS JT DISC W/MANJ
28615	OPEN TREATMENT TARSOMETARSAL JOINT DISLOCATION
28630	CLTX METATARSOPHLNGL JT DISC W/O ANES
28635	CLTX METATARSOPHLNGL JT DISC REQ ANES
28636	PRQ SKEL FIXI METATARSOPHLNGL JT DISC W/MANJ
28645	OPEN TX METATARSOPHALANGAL JOINT DISLOCATION
28660	CLTX INTERPHALANGAL JOINT DISLOCATION W/O ANES
28665	CLTX INTERPHALANGAL JOINT DISLOCATION REQ ANES
28666	PRQ SKEL FIXI INTERPHALANGAL JOINT DISC W/MANJ
28675	OPEN TREATMENT INTERPHALANGAL JOINT DISLOCATION
28705	ARTHRODESIS PANTALAR
28715	ARTHRODESIS TRIPLE
28725	ARTHRODESIS SUBTALAR
28730	ARTHRD MIDTARSJ/TARSOMETARSAL MULT/TRANSVRS
28735	ARTHRD MIDTARSJ/TARS MLT/TRANSVRS W/OSTEOT
28737	ARTHRD W/TDN LGTH&ADMVNT TARS NVCLR-CUNEIFOR
28740	ARTHRODESIS MIDTARSOMETARSAL SINGLE JOINT
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGAL JOINT
28755	ARTHRODESIS GREAT TOE INTERPHALANGAL JOINT
28760	ARTHRD W/XTRSR HALLUCIS LONGUS TR 1ST METAR NCK
28800	AMPUTATION FOOT MIDTARSAL
28805	AMPUTATION FOOT TRANSMETARSAL
28810	AMPUTATION METATARSAL W/TOE SINGLE
28820	AMPUTATION TOE METATARSOPHALANGAL JOINT
28825	AMPUTATION TOE INTERPHALANGAL JOINT
28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA
28899	UNLISTED PROCEDURE FOOT/TOES
29000	APPLICATION HALO TYPE BODY CAST
29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY
29015	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD
29035	APPLICATION BODY CAST SHOULDER HIP
29040	APPLICATION BODY CAST SHOULDER HIP HEAD MINERVA
29044	APPLICATION BODY CAST SHOULDER HIP W/ONE THIGH
29046	APPLICATION BODY CAST SHOULDER HIP BOTH THIGHS
29049	APPLICATION CAST FIGURE-OF-8
29055	APPLICATION CAST SHOULDER SPICA
29058	APPLICATION CAST PLASTER VELPEAU
29065	APPLICATION CAST SHOULDER HAND LONG ARM
29075	APPLICATION CAST ELBOW FINGER SHORT ARM
29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET
29086	APPLICATION CAST FINGER
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC
29126	APPLICATION SHORT ARM SPLINT DYNAMIC
29130	APPLICATION FINGER SPLINT STATIC
29131	APPLICATION FINGER SPLINT DYNAMIC
29200	STRAPPING THORAX
29240	STRAPPING SHOULDER
29260	STRAPPING ELBOW/WRIST
29280	STRAPPING HAND/FINGER
29305	APPLICATION HIP SPICA CAST 1 LEG
29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS
29345	APPLICATION LONG LEG CAST THIGH-TOE
29355	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE
29358	APPLICATION LONG LEG CAST BRACE
29365	APPLICATION CYLINDER CAST HIGH ANKLE
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE
29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY
29435	APPLICATION PATELLAR TENDON BEARING CAST
29440	ADDING WALKER PREVIOUSLY APPLIED CAST

Procedure Code	Procedure Description
47371	LAPS SURG ABLTI 1 -> LVR TUM CRYOSURG
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER
47380	ABLTI OPN 1/> LVR TUM RF
47381	ABLTI OPN 1/> LVR TUM CRYOSURG
47382	ABLTI 1/> LVR TUM PRQ RF
47383	ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION
47399	UNLISTED PROCEDURE LIVER
47400	HEPATOTOMY/HEPATOCOSTOMY W/EXPL DRG/RMVL ST1
47420	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP
47425	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP
47460	TRANSOJUL SPHNCTEROT/PLASTY W/WO RMVL CALCULUS
47480	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX
47490	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT
47531	NIX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS
47532	NIX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS
47533	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNAL
47534	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT
47535	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH
47536	EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I
47537	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I
47538	PLMT BILE DUCT STENT PRQ EXISTING ACCESS
47539	PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH
47540	PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH
47541	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW
47542	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT
47543	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT
47544	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I
47550	BILIARY NSDC INTRAOPERATIVE
47552	BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH
47553	BILIARY NSDC PRQ T-TUBE W/BX SINGLE/MULTIPLE
47554	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS
47555	BILIARY NSDC PRQ T-TUBE W/DIL DUCT W/O STENT
47556	BILIARY NSDC PRQ T-TUBE DILAT STRIX W/STENT
47562	LAPAROSCOPY SURG CHOLECYSTECTOMY
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY
47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT
47570	LAPAROSCOPY SURG CHOLECYSTOENTEROSTOMY
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT
47600	CHOLECYSTECTOMY
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY
47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY
47620	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP
47700	EXPL CONGENITAL ATRESIA BILE DUCTS
47701	PORTOENTEROSTOMY
47711	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC
47712	EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC
47715	EXCISION CHOLEDOCHAL CYST
47720	CHOLECYSTOENTEROSTOMY DIRECT
47721	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y
47741	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM
47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT
47765	ANAST INTRAHEPATC DUCTS & GI TRACT
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI
47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI
47800	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST
47801	PLACEMENT CHOLEDOCHAL STENT
47802	U-TUBE HEPATICOENTEROSTOMY
47900	SUTURE EXTRAHEPATC BILE DUCT PRE-EXIST INJURY
47999	UNLISTED PROCEDURE BILIARY TRACT
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS
48001	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY
48020	REMOVAL PANCREATIC CALCULUS
48100	BIOPSY PANCREAS OPEN
48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE
48105	RESECI/DBRDMT PANCREAS NECROTIZING PANCREATITIS
48120	EXCISION LESION PANCREAS
48140	PNCRTECT DSTL STOT W/O PNCRTCJOEJUNOSTOMY
48145	PNCRTECT DSTL STOT W/PNCRTCJOEJUNOSTOMY
48146	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX
48148	EXCISION AMPULLA VATER
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY
48152	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY
48153	PNCRTECT W/PANCREATOJEJUNOSTOMY
48154	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY
48155	PANCREATECTOMY TOTAL
48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS
48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY
48500	MARSUPIALIZATION PANCREATIC CYST
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT
48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y
48545	PANCREATORRHAPHY INJURY
48547	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ
48548	PANCREATOJEJUNOSTOMY SIDE-TO-SIDE ANAST
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT
48551	BKBENCH PRÉP CADAVER DONOR PANCREAS ALLOGRAFT
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT
48999	UNLISTED PROCEDURE PANCREAS
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX

Procedure Code	Procedure Description
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Exhibit 1 - CMS-ASC Approved List

Procedure Code	Procedure Description
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST
29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG
29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES
29515	APPLICATION SHORT LEG SPLINT CALF FOOT
29520	STRAPPING HIP
29530	STRAPPING KNEE
29540	STRAPPING ANKLE &/FOOT
29550	STRAPPING TOES
29580	STRAPPING UNNA BOOT
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT
29582	APPL MLTLAYR COMPRES THGH LEG ANKLE FT WHEN DONE
29583	APPL MLTLAYR COMPRES SYSTEM UPPER & LOWER ARM
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING
29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST
29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST
29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET
29720	REPAIR SPICA BODY CAST/JACKET
29730	WINDOWING CAST
29740	WEDGING CAST EXCEPT CLUBFOOT CASTS
29750	WEDGING CLUBFOOT CAST
29799	UNLISTED PROCEDURE CASTING/STRAPPING
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ
29826	ARTHROSCOPY SHOULDER W/CORACOCACRM LIGMNT RELEASE
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR
29828	ARTHROSCOPY SHOULDER BI CEPS TENODESIS
29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE
29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX
29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE
29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT
29847	ARTHROSCOPY WRIST SURG INT FIXI FX/INSTABILITY
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM
29850	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXI

Procedure Code	Procedure Description
49002	REOPENING RECENT LAPAROTOMY
49010	EXPL RETROPERITONEUM W/WO BX SPX
49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN
49040	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN
49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN
49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN
49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE
49084	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE
49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE
49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GUID
49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<
49204	EXC/DESTRUCTION OPEN ABDOMN TUMORS 5.1-10.0 CM
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM
49215	EXC PRESAC/SACROCOCYGEAL TUMOR
49220	STAGING LAPAROTOMY HODGKINS DISEASE/LYMPHOMA
49250	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX
49255	OMNTC EPIPLOECTOMY RESCI OMENTUM SPX
49320	LAPS ABD PRM&OMENTUM DX W/WO SPEC BR/WA SPX
49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE
49323	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY
49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER
49325	LAPS W/REVISION INTRAPERITONEAL CATHETER
49326	LAPAROSCOPY W/OMENTOPEXY
49327	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM
49400	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX
49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY
49405	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ
49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ
49407	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL
49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT
49412	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT
49418	INJSI INTRAPERITONEAL CATHETER W/IMG GUID
49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT
49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN
49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER
49423	EXCHNG ABS/CST DRG CATH RAD GID SPX
49424	CNTRST NIX ASSMT ABS/CST VIA DRG CATH/TUBE SPX
49425	INSERTION PERITONEAL-VENOUS SHUNT
49426	REVIS PERITONEAL-VENOUS SHUNT
49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT
49428	LIGATION PERITONEAL-VENOUS SHUNT
49429	RMVL PERITONEAL-VENOUS SHUNT
49435	INJSI SUBQ EXTENSION INTRAPERITONEAL CATHETER
49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER
49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ
49442	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS
49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ
49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS
49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ

Procedure Code	Procedure Description
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Exhibit 2

Exhibit 3

Exhibit 4

Collaborative Surgery Center

Exhibit 4

Chapter Name: 3 - Administration	Policy #: 3.18	Date Implemented:
Title: Charity Care		Reviewed/Revised: 6/20/2021

Policy Statement

The Collaborative Surgery Center (the “Center”) is committed to ensuring that all Vermonters have access to quality health care, regardless of their ability to pay. The Collaborative Surgery Center accordingly offers to qualifying individuals free and discounted care in in connection with medically necessary procedures performed at the Center. Eligibility for free or discounted care will be determined based upon the patient’s demonstrated financial need and without regard to the patient’s race, religion, sex, age, gender identity, sexual orientation, or national origin.

Procedures

In order to be considered for financial assistance, individuals must submit a complete Application for Free or Discounted Care. An application is considered complete if all questions are answered fully, the application is signed and dated by applicant(s). Documentation may include proof of household income:

- Type of documentation of household income will depend upon the sources of household income, but may include, without limitation, pay stubs, written verification of wages from employer, W-2 withholding form, social security or disability benefit statements, unemployment or pension/annuity benefits, or supplemental security income statements.

Anyone seeking free or discounted care may requested a Free or Discounted Care Application from the Collaborative Surgery Center Business Office located at 525 Hercules Drive, Colchester, VT 05446, Monday through Friday 8:00 am until 4:00 pm. Call (802) XXX-XXXX for additional information.

Upon receipt of an application, patient accounts related to all members of the applicant’s household with outstanding balances in good standing (less than 120 days outstanding) will be placed on hold during the application review process.

If the application is found to be incomplete, the applicant will be notified by telephone, in addition to a written notice in the mail, to communicate what required elements are missing. The applicant must submit the required information within 10 business days, or the account hold will be released. Upon receipt of a complete application, a determination of eligibility for or denial of financial assistance will be communicated to the applicant in writing within 15 business days of receipt of the complete application.

All Applications for Free or Discounted Care and supporting documentation will be reviewed and approved by the Center’s Business Office Manager. Applications for eligible recipients whose awarded assistance will be greater than \$2,500 will also be reviewed and approved by the Center’s Administrator.

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ELIGIBILITY:

The following criteria must be met to be eligible for free or discounted care at the Collaborative Surgery Center:

Residency:

You must be a full-time Vermont resident or have lived in Vermont for the past 6 consecutive months, or in the following New York counties: Clinton, Essex, Franklin, Washington, Hamilton, Warren or St. Lawrence.

Eligible Services:

Free or discounted care is available for all services offered by the Collaborative Surgery Center in conjunction with medically necessary procedures. Determination of medical necessity may require the input from the attending physician to consider all the relevant facts and circumstances. Services offered in connection with cosmetic procedures (unless considered medically necessary by physician review), infertility treatments, and fertility services are not included under this Free and Discounted Care Policy. Services that have been denied by insurance due to the patient's non-compliance with the requirements of the patient's plan are not considered eligible for financial assistance. In addition, services reimbursed directly to the patient/guarantor by the insurance carrier or covered by another third party are not eligible for financial assistance.

Financial:

To be eligible for financial assistance under this Free and Discounted Care Policy, the applicant's household income should be at or below the following guidelines.

- *Income:* Household income must be at or below 400% of the Federal Poverty Level Guidelines (FPLG), as adjusted for household size. The level of assistance is granted on a sliding scale based on the FPLG as follows:

Federal Poverty Level	Up to 250%	251% - 300%	301% - 350%	351% - 400%
Discount	100%	75%	65%	55%

Household income includes gross earnings, unemployment compensation, workers compensation, social security benefits, supplemental security income, public assistance, veteran's benefits, survivor benefits, pension or retirement, interest, dividends, rents, royalties, estate income, trusts, educational assistance, alimony, annuities, and child support for a household. Household income does not include capital gains, liquid assets (including withdrawals from a bank or proceeds from the sale of property), tax refunds, gifts, loans, lump-sum inheritances, or non-cash benefits such as food stamps and housing subsidies.

Term of Financial Assistance:

Each eligibility determination for financial assistance, whether approved or denied, is effective for a period of 6 months following the date of the determination letter, referred to as the termination date.

The awarded level of financial assistance for first-time recipients will be applied to eligible services, as described above, that were provided to the recipient during the 6 months preceding

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the date of receipt of a complete application and will be automatically applied to any eligible medical services received up through the termination date communicated in the determination letter sent to the recipient.

Subsequent to the termination of the initial determination for financial assistance, a recipient may re-apply for assistance if s/he continues to claim financial hardship by submitting a complete application with updated information and supporting documentation. If approved, the awarded level of financial assistance will be applied to eligible services received since the termination of the last award.

A patient who is eligible for financial assistance under this policy shall not be personally responsible for paying, after all deductions, discounts (including discounts available under this policy), and insurance reimbursements have been applied, more for medically necessary care than the amount Medicare would allow for the care (for an item or service covered by Medicare), or the lowest amount allowed by private health insurers (for an item or service that is not covered by Medicare).

Communication of Free and Discounted Care Policy

Notification of this Charity Care Policy will be distributed by posting notices in prominent patient locations within the Center. The Center will also include a copy of the policy on its website. Such notices and summary information will be provided in the primary languages spoken by the population served by the Center and will include a contact number for inquiries regarding the policy.

Confidentiality and Records Retention

All information relating to financial assistance applications will be kept strictly confidential.

Exhibit 5

Collaborative Surgery Center

Exhibit 5

Chapter Name: 5.0 Quality Improvement Plan	Policy # 5.00	Date Implemented
Title: Quality Improvement Plan		Reviewed/Revised 6/2021

Policy Statement

The Collaborative Surgery Center (The Center) designs, implements, and maintains an active, data-driven, peer-based, quality assurance and performance improvement (QAPI) program. The scope of the program includes, but is not limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes and improves patient safety by using quality indicators performance measures associated with improved health outcomes and by the identification and reduction of medical errors.

The Center measures, analyzes, and tracks quality indicators, adverse events, outcome variances, infection control, safety, and other aspects of performance that include care and services provided in the ASC. QAPI activities include, but are not limited to, quality improvement (QI) studies, internal and external benchmarking, peer review, risk management, infection control, and patient satisfaction.

Definition of Quality:

The Center defines Quality as meeting or exceeding the needs and expectations of our patients and other customers through relationships that build trust, confidence, and loyalty.

Quality Assurance Plan:

1. The facility's Quality Plan will be reviewed at least annually by the Governing Board. Revisions will be made as necessary.
2. The Medical Director, in coordination with the Administrator and Nurse Managers, is responsible for coordinating the Quality Plan and shall provide for ongoing monitoring of staff and patient care services.
3. The QAPI Committee shall be comprised of the Center Administrator, Nurse Managers, and members of the Center staff.
4. The following criteria shall be considered as a basis for setting priorities of quality activities:
 - a. The mission, goals, and objectives of the Center
 - b. The needs and expectations of patients, their families, and the community
 - c. Impact on patient outcomes
 - d. Patient safety
 - e. High-cost, and problem-prone diagnoses, procedures, and processes

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- f. Input from regulatory and accreditation agencies
- g. Financial analysis of the improvement process
- h. Potential liability

Quality Assurance Activities:

1. The following services for patient care shall be monitored and evaluated on an ongoing basis:
 - a. Staffing
 - b. Infection prevention and control
 - c. Housekeeping
 - d. Sanitation
 - e. Safety
 - f. Maintenance of physical plant and equipment
 - g. Discharge planning
2. Evaluation of patient care throughout the facility shall be criteria-based, so that certain review actions are taken or triggered when specific qualified pre-determined concerning outcomes or potential problems are identified.
3. The Quality Assurance process shall incorporate evaluation by patients of care and services provided by the facility. If the families of patients are routinely involved in the care and services provided by the facility, the Quality Assurance process shall include a means for obtaining input from families of patients.
4. The Medical Director, along with the Administrator and Nurse Managers shall follow up on the findings of quality activities to ensure that corrective actions have been taken including:
 - a. Policy revisions
 - b. Procedural changes
 - c. Educational activities
 - d. Follow-up on recommendations or actions that are no longer indicated or needed.
 - e. Recommendations for policies and procedures for appointment and credentialing
5. QAPI shall identify and establish indicators of quality care specific to the facility which shall be monitored and evaluated.
6. The results of QAPI Committee activities shall be submitted by the Medical Director to the Governing Board at least quarterly and shall include deficiencies found and recommendations made for corrections or improvements. Deficiencies which jeopardize patient safety shall be reported to the Governing Board immediately.
7. The Quality Plan also includes benchmarking activities that shall consist of both internal and external sources. National benchmarking data will be obtained from recognized local, state, and/or national sources from organizations offering similar surgical services.
8. The Quality Plan addresses clinical, administrative, and cost-of-care issues and patient outcomes. The focus will be on activities that affect the majority of patients served. This will encompass the high risk and problem-prone patients.

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9. Results of peer review activities are used as part of the basis for granting continuation of clinical privileges.

Goals and Objectives of the Quality Plan:

- A. To provide excellent outpatient surgical services by assuring that standards of the Joint Commission accreditation body, Vermont regulatory requirements, and federal mandates are met so that The Center provides optimal patient care and patient safety and optimizes reimbursement.
- B. To implement and continuously improve healthcare and business practices in all phases of operations.
- C. To maintain financial solvency.
- D. To maintain good working relationships with area hospital(s) and other area facilities
- E. To promote a work culture where staff can reach their full potential as self-actualized individuals.
- F. To continuously study and improve the processes of providing surgical health care services through top-level commitment to quality, a non-punitive environment, education in quality assessment and performance improvement techniques, attention to opportunities to improve systems and commitment of resources to carry out ongoing improvement.
- G. To strive to continuously improve the quality of care provided by the Medical Staff and all health care professionals.
- H. To maintain an active, integrated, organized, peer-based program of Quality and Process Improvement.

QAPI Process:

- A. The Center utilizes the systematic “closing the QI loop” process to promote continuous quality improvement throughout the facility.
- B. This process provides for a planned, systematic, organization-wide, prioritized approach that is inter-disciplinary and uniform.
- C. Quality activities conducted by specific clinical disciplines within the organization are consistent with the characteristics of the overall QAPI program.
- D. The improvement activities are ongoing and part of the Center’s planning process.
- E. The improvement activities take into consideration patient, surgeon, and staff needs and expectations as well as those of others, payers, community.
- F. The improvement activities take into consideration patient and organizational functions as well as dimensions of performance.
- G. Improvement activities consider:
 1. Scope of service
 2. Mission and philosophy
 3. Important aspects of care

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4. High-volume, high-risk, problem-prone patients
 5. Contracted services, if appropriate
 6. Patient, surgeon, staff satisfaction
 7. Incident reports
 8. Standards of practice
 9. Identifying unacceptable and/or unexpected trends that influence patient outcomes
- H. Improvement activities are re-designed as appropriate.
- I. Individual performance is addressed as necessary and appropriate.

Quality Plan Characteristics:

- A. Quality improvement activities have the following characteristics:
1. Important problems or concerns in the care of patients are identified. Sources of identifiable problems include, but are not limited to:
 - a. Unacceptable or unexpected results of on-going monitoring of care, such as complications, hospital transfers, malpractice cases, lack of follow-up on abnormal test results, prescribing errors for medications, specific diagnoses, and others
 - b. The clinical performance and practice patterns of health care practitioners as defined through evidence base practice.
 - c. Medical record review for quality of care and completeness of entries
 - d. Quality controls for and use of diagnostic imaging, pathology, medical laboratory, and pharmaceutical services
 - e. Other professional and technical services provided
 - f. Assessment of patient satisfaction
 - g. Direct observation
 - h. Staff concerns
 - i. Accessibility
 - j. Medical/legal issues
 - k. Wasteful practices
 - l. Over-utilization and under-utilization
 - m. Prevalent diseases, including chronic conditions
 2. The frequency, severity, and source of suspected problems or concerns are evaluated. Healthcare practitioners participate in the evaluation of identified problems or concerns.
 3. Measures are implemented to resolve important problems or concerns that have been identified. Healthcare practitioners, as well as administrative staff, participate in the resolution of the problems or concerns that are identified.
 4. The problems or concerns are re-evaluated to determine objectively whether the corrective measure achieved and, the

Collaborative Surgery Center

Exhibit 5

desired result and, over time, promoted sustenance of the desired result. If the problem remains, alternative corrective actions are taken as needed to achieve and sustain improvement.

5. Through the organization's designated mechanisms, quality improvement activities are reported, as appropriate, to the proper personnel, the Chief Executive Officer, and the Governing Board., and the governing body.
6. The facility has a process in place to review key indicators in comparison with other similar organizations.
7. Benchmarks used will be based on state, local, or national standards.

Quality Committees:

A. Quality Assurance and Performance Improvement (QAPI)

The Committee will be comprised of the Nurse Managers, the Center Administrator, and members of the nursing staff. The Committee shall meet as needed but not less than quarterly.

The Committee's duties will include the following:

1. Perform chart reviews for legibility and completeness.
2. Review anesthesia records for proper documentation of narcotic administration.
3. Recommend process improvement studies.
4. Review all incidents, including the following:
 - a. Patient falls and injuries;
 - b. Employee injuries;
 - c. Patient infections;
 - d. Patient anesthesia complications;
 - e. Patient transfers;
 - f. Patient surgery cancellations after admission;
 - g. Patient complications within 24 hours of discharge requiring hospitalization;
 - h. All sentinel events and adverse patient events;
 - i. Medication errors;
 - j. Adverse drug reactions; and
 - k. Patient deaths.
5. Review care surveys.
6. Review all contracts for outside resources related to medical care and present all such major contracts to the Governing Board
7. Communicate to staff recommendations discussed by the committee.

B. Medical Advisory Committee (MAC)

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The Governing Board will establish and maintain a Medical Advisory Committee (MAC) that is comprised of at least five (5) members of the Medical Staff, one of whom shall be the Medical Director. The MAC will advise and make recommendations to the Governing Board in connection with medical aspects of the operations of the Center, the qualifications of the Administrator, medical staff bylaws, rules and regulations, policies, and needs for medical equipment at the center. Members of the MAC shall be members of the medical staff of the Center. The Medical Director will serve as the MAC Chair. The MAC will act solely in an advisory capacity.

The MAC may meet as a combined Committee with the QAPI Committee. The Medical Director, as chair of the MAC, shall report all quality activities to the Governing Board

The MAC will also serve as the Peer Review Committee (See peer review policies).

Exhibit 6

Collaborative Surgery Center

Exhibit 6

This checklist summarizes and references the applicable requirements from the 2018 Edition of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities.

In addition, the ASC will comply with the following regulations and codes as applicable:

- NFPA 101 Life Safety Code (2015)
- Joint Commission on the Accreditation of Health Care Organizations
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities
- Accessibility Guidelines of the Americans with Disabilities Act (ADA)

'Y' signifies that the requirements have been met

OUTPATIENT SURGICAL FACILITIES

Ref.	Architectural Requirements	Building Systems Requirements	Table
3.1-1.2.2	PATIENT PRIVACY:		
	<u>Y</u> Each facility design ensures appropriate levels of patient acoustic & visual privacy & dignity throughout care process		
3.1-1.2.3	SHARED/PURCHASED SERVICES: NOT IN PROJECT		
3.7-1.3.2	PARKING		
3.7-1.3.2.1	<u>Y</u> At least 4 parking spaces for each room routinely used for surgical procedures <u>Y</u> At least 1 space for each staff member		
3.7-1.3.2.2	<u>Y</u> Parking space designated for pickup of patients after recovery		
3.1-1.3.3	ENTRANCE:		
	<u>Y</u> At grade level <u>Y</u> Clearly marked <u>Y</u> Located so patients need not go through other activity areas (public lobbies may be shared)		
3.7-1.3.3	LOCATION & LAYOUT		
3.7-1.3.3.1	<u>Y</u> Surgical suite located & arranged to prevent unrelated traffic through suite		
3.7-1.3.3.2	<u>Y</u> Patient care area designed to facilitate movement of patients & personnel into, through & out of defined areas in surgical suite		
3.7-1.3.3.3	<u>Y</u> Signs clearly indicate where surgical attire is required at all entrances to semi-restricted areas		
3.7-1.3.3.4	<u>Y</u> The surgical department shall be divided into three designated areas- unrestricted, semi-restricted and restricted- defined by the physical activities performed in each area		
3.7-3	DIAGNOSTIC & TREATMENT AREAS		
3.7-3.2	<u> </u> Procedure room (formerly Class "A" Operating Room) NOT INCLUDED IN PROJECT		
3.7-3.3	<u>Y</u> Outpatient operating rooms (formerly Class "B" & "C" Operating Rooms)		
3.7-3.3.1	Space Requirements:	Ventilation:	

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Exhibit 6

Ref.	Architectural Requirements	Building Systems Requirements	Table
3.7-3.3.1.1	<p><u>Y</u> min. clear floor area 270 sf</p> <p><u>Y</u> min. clear dimension 15'-0" between fixed cabinets & built-in shelves</p>	<p><u>Y</u> Min. 20 air changes per hour</p> <p><u>Y</u> No recirculating room units</p> <p><u>Y</u> Positive pressure to all adjoining spaces</p>	<p>Table 7.1</p> <p>4/7.4.1</p>
3.7-3.3.3 3.7-3.3.4	<p><u>Y</u> documentation area</p> <p><u>Y</u> image viewer access from each operating room</p>	<p><u>Y</u> Airflow unidirectional, downwards & average velocity of diffusers 25-35 cfm/ft²</p> <p><u>Y</u> Diffusers concentrated to provide airflow pattern over patient & surgical team</p> <p><u>Y</u> Area of primary supply diffuser array extends min. 12' beyond footprint of surgical table on each side</p> <p><u>Y</u> No more than 30% of primary supply diffuser array area used for ceiling mounted equipment</p>	
		<p><u>Y</u> At least 2 low sidewall return or exhaust grilles spaced at opposite corners or as far apart as possible</p>	
		<p>Surfaces:</p> <p><u>Y</u> Ceilings: Monolithic, scrubbable, capable of withstanding cleaning and/or disinfecting chemicals, gasketed access openings</p> <p><u>Y</u> Floor and wall base assemblies: Monolithic with an integral coved wall base that is carried up the wall a minimum of 6"</p> <p><u>Y</u> Wall Finishes: Free of fissures, open joints, or crevices that may retain or permit passage of dirt particles</p>	
		<p>Power:</p> <p><u>Y</u> 18 receptacles</p> <p><u>Y</u> 12 receptacles convenient to operating table</p> <p><u>Y</u> 2 receptacles on each wall</p>	<p>Table 3.1-1</p>

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Exhibit 6

Ref.	Architectural Requirements	Building Systems Requirements	Table
		Nurse Call System: <u>Y</u> Emergency staff assistance station	Table 3.1-2
		Medical Gases: <u>Y</u> 2 OX, 3 VAC <u>Y</u> 1 MA	Table 3.1-3
3.7-3.4.2	PREOPERATIVE PATIENT CARE AREA		
3.7-3.4.2.1 (1) (2) (a)(c) (b) (3)	<p>Application: <u>Y</u> accommodates patients on stretchers <u>Y</u> accommodates seating space for patients & visitors</p> <p>Location: <u>Y</u> unrestricted area (may be part of Phase II recovery area) <u>Y</u> under direct visual control of nursing staff <u>Y</u> Where pre and post-procedural patient care areas are combined into one area, at least two patient care stations per operating room</p>		
3.7-3.4.2.2	Space Requirements:		
	<u>Y</u> patient cubicles		
	<u>Y</u> min. clear floor area 80 sf <u>Y</u> min. clearance 3'-0" between sides & foot of lounge chairs/stretchers & adjacent walls or partitions		
3.7-3.4.2.4	<u>Y</u> Provisions for patient privacy such as cubicle curtains		
3.7-3.4.2.5	Handwashing stations:		
3.1-3.6.5.1	<u> </u> located in each room where hands-on patient care is provided		
3.1-3.6.5.3	Handwashing Stations Serving Multiple Patient Care Stations:		
(1) (2)	<u>Y</u> min. 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof <u>Y</u> evenly distributed & provide uniform distance from two patient care stations farthest from handwashing station		
3.7-3.4.3	POSTOPERATIVE RECOVERY AREAS		

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Ref.	Architectural Requirements	Building Systems Requirements	Table
3.7-3.4.3.1 (1) (a) (b)	<p><u>Y</u> Phase I post-anesthesia recovery room</p> <p>Location: <u>Y</u> unrestricted area <u>Y</u> at least one door to the recovery room provides access directly from the semi-restricted area the surgical suite without crossing a public corridor</p> <p>Size: <u>Y</u> Where pre and post-procedural patient care areas are combined into one area, at least two patient care stations per operating room</p>		
(2) (a) (b) (4)	<p>Space Requirements: <u>Y</u> min. clear floor area 80 sf for each patient bay or cubicle <u>Y</u> min. clearance 5'-0" between patient stretchers or beds <u>Y</u> min. clearance 4'-0" between patient stretchers or beds & adjacent walls or other fixed elements (at sides & foot) <u>Y</u> min. clearance 3'-0" from the foot of the stretcher or bed to curtain <u>Y</u> provisions for patient privacy such as cubicle curtains</p>	<p>Ventilation: <u>Y</u> Min. 6 air changes per hour <u>Y</u> No recirculating room units</p> <p>Power: <u>Y</u> 8 receptacles convenient to head of stretcher</p> <p>Nurse Call System: <u>Y</u> Emergency staff assistance station <u>Y</u> Code call station</p> <p>Medical Gases: <u>Y</u> 1 OX, 1 VAC</p>	Table 7.1 Table 3.1-1 Table 3.1-2 Table 3.1-3
(5)	<p><u>Y</u> handwashing stations</p>		
3.1-3.6.5.1	<p>___ located in each room where hands-on patient care is provided</p>		
3.1-3.6.5.3	<p>Handwashing Stations Serving Multiple Patient Care Stations:</p>		
(1)	<p><u>Y</u> min. 1 handwashing station for every 4 patient care stations or fewer & for each major fraction thereof</p>		
(2)	<p><u>Y</u> evenly distributed & provide uniform distance from two patient care</p>		

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Ref.	Architectural Requirements	Building Systems Requirements	Table
	stations farthest from handwashing station		
3.7-3.4.3.2	<u> </u> Phase II recovery area NOT PROVIDED		
3.7-3.5.2	SUPPORT AREAS FOR PREOPERATIVE & POSTOPERATIVE PATIENT CARE AREAS		
3.7-3.5.2.1	<u> Y </u> Directly accessible to patient care areas served		
3.7-3.5.2.3			
(1)	<u> Y </u> Nurse station with documentation space		
(2)	<u> Y </u> Clinical sink (may be located in soiled workroom if directly accessible to recovery areas)		
(3)	<u> Y </u> Nourishment facilities		
3.1-3.6.7	<u> Y </u> handwashing station located in or directly accessible	Ventilation: <u> Y </u> Min. 2 air changes per hour	Table 7.1
(2) (3)(4)(5)	<u> </u> food preparation - meals are not prepared in nourishment area NOT INCLUDED IN PROJECT		
3.7-3.5.2.3(4)	<u> Y </u> Provisions for soiled linen & waste holding		
3.7-3.5.3	SUPPORT AREAS FOR STAFF		
	<u> Y </u> Staff toilet located within recovery areas	Ventilation: <u> Y </u> Min. 10 air changes per hour <u> Y </u> Exhaust	Table 7.1
3.7-3.5.4	SUPPORT AREAS FOR PATIENTS		
3.7-3.5.4.1	<u> Y </u> Dedicated patient toilet room accessible from preoperative & recovery areas without entering public spaces	Ventilation: <u> Y </u> Min. 10 air changes per hour <u> Y </u> Exhaust	Table 7.1
3.7-3.6	SUPPORT AREAS FOR SURGICAL SUITE		
3.7-3.6.1	<u> Y </u> Nurse or control Station		
3.7-3.6.1.1	<u> Y </u> located at point of primary ingress (in unrestricted or semi-restricted area)		
3.7-3.6.1.2	<u> Y </u> direct visual observation of all traffic into suite <u> Y </u> Controlled access through all other entries		
3.7-3.6.5	<u> Y </u> Hand scrub facilities		
3.1-3.3.1	<u> Y </u> at least one hand scrub position located next to entrance to each operating or procedure room		

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Ref.	Architectural Requirements	Building Systems Requirements	Table
3.1-3.3.2	<u>Y</u> one hand scrub station consisting of 2 scrub positions permitted to serve 2 procedure or operating rooms if located next to entrance of each procedure or operating room		
3.1-3.3.3	<u>Y</u> placement of scrub station does not restrict minimum required corridor width		
3.7-3.6.6	<u>Y</u> Medication safety zones		
3.1-3.6.6.1 (2)	<u>Y</u> self-contained medication dispensing units		
(a)	<u>Y</u> located at nurse station, in clean workroom or in an alcove		
(b)	<u>Y</u> lockable unit to secure controlled drugs		
	<u>Y</u> handwashing station or hand sanitation located next to stationary medication-dispensing units		
3.7-3.6.8	<u>Y</u> Ice-making equipment		
	<u>Y</u> located in unrestricted area		
3.7-3.6.9	<u>Y</u> Clean supply room		
3.7-3.6.9.1	<u>Y</u> storage space for sterile & clean supplies		
3.7-3.6.9.2 (1)	<u>Y</u> separate from soiled storage rooms	Ventilation: <u>Y</u> Min. 4 air changes per hour	Table 7.1
(2)	<u>Y</u> entrance from semi-restricted area	<u>Y</u> Positive pressure	
3.7-3.6.10	<u>Y</u> Soiled workroom or soiled holding room		
3.7-3.6.10.1 (3)	<u>Y</u> directly accessible to semi-restricted area surgical suite (may also be accessible from unrestricted area)		
(4)			
(5)	<u>Y</u> no direct connection with operating rooms or other sterile activity rooms		
3.7-3.6.10.2 (1)	<u>—</u> soiled workroom	Ventilation: <u>—</u> Min. 10 air changes per hour	Table 7.1
(2)	<u>—</u> flushing-rim clinical sink or equivalent flushing-rim fixture	<u>—</u> Exhaust	
(3)	<u>—</u> handwashing station	<u>—</u> Negative pressure	
(4)	<u>—</u> work counter		
(5)	<u>—</u> space for waste receptacles <u>—</u> space for soiled linen receptacles		

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Ref.	Architectural Requirements	Building Systems Requirements	Table
3.7-3.6.10.3	<p><u> </u> storage for supplies NOT INCLUDED IN PROJECT <u>Y</u> soiled holding room <u>Y</u> handwashing station <u>Y</u> space for waste receptacles <u>Y</u> space for soiled linen receptacles <u>Y</u> storage for supplies <u>Y</u> provisions for disposal of liquid waste</p>	<p>Ventilation: <u>Y</u> Min. 10 air changes per hour <u>Y</u> Exhaust <u>Y</u> Negative pressure</p>	Table 7.1
3.7-3.6.11.2 (1) (2) (a) (b)	<p><u>Y</u> Surgical equipment & supply storage <u>Y</u> combined area equipment & clean clinical supply storage rooms min. floor area 50 sf for each OR up to two OR's + 25 sf per additional OR <u>Y</u> located in semi-restricted area (may be part of clean assembly/workroom)</p>		
3.7-3.6.11.3(1)	<p><u>Y</u> Stretcher storage area for at least one stretcher</p>		
3.7-3.6.11.3(2)	<p><u>Y</u> Wheelchair storage space <u>Y</u> immediately accessible to areas of high use</p>		
3.1-3.6.11.3(1) 3.1-3.6.11.3(2)	<p><u>Y</u> located out of required corridor width <u>Y</u> Designated area for wheelchair parking <u>Y</u> located in non-public area <u>Y</u> located out of any required egress width or other required clearance</p>		
3.7-3.6.11.4	<p><u>Y</u> Emergency equipment storage in surgical suite (may be a portion of surgical equipment & supply storage) <u>Y</u> Emergency equipment storage in recovery areas</p>		
3.1-3.6.11.4(2)	<p><u>Y</u> readily accessible <u>Y</u> under staff control</p>		
3.7-3.6.11.5	<p><u>Y</u> Medical gas storage (including space for reserve cylinders)</p>		
3.7-3.6.12	<p><u>Y</u> Environmental services room</p>		
3.7-3.6.12.1	<p><u>Y</u> located in surgery suite & not shared with other areas</p>		

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Ref.	Architectural Requirements	Building Systems Requirements	Table
3.7-3.6.12.2	<u>Y</u> accessed from semi-restricted corridor		
3.1-5.5.1.2 (1) (2) (3)	<u>Y</u> service sink or floor-mounted mop sink <u>Y</u> provisions for storage of supplies & housekeeping equipment <u>Y</u> handwashing station or hand sanitation dispenser	Ventilation: <u> </u> Min. 10 air changes per hour <u> </u> Exhaust <u> </u> Negative pressure	Table 7.1
3.7-3.6.14	<u>Y</u> Fluid waste disposal facilities		
3.7-3.6.14.1	<u>Y</u> clinical sink or equivalent equipment in soiled workroom serving operating rooms		
3.7-3.6.14.2	<u>Y</u> toilet equipped with bedpan-cleaning device or separate clinical sink in recovery area		
3.7-3.6.15	<u> </u> Storage for blood, organs & pathological specimens NOT INCLUDED IN PROJECT		
3.7-3.7	SUPPORT AREAS FOR STAFF		
3.7-3.7.1	<u>Y</u> Staff lounge		
3.7-3.7.2	<u>Y</u> Staff changing area & toilet facilities		
3.7-3.7.2.1 (1) (2) (3) (4) (5)	<u>Y</u> lockers <u>Y</u> toilets <u>Y</u> handwashing stations <u>Y</u> space for donning surgical attire <u>Y</u> provision for separate storage for clean & soiled surgical attire		
3.7-3.7.2.2	<u>Y</u> located in/unrestricted area		
3.7-3.7.3	<u>Y</u> Staff shower		
	<u>Y</u> readily accessible to surgical suite & recovery areas	Ventilation: <u>Y</u> Min. 10 air changes per hour <u>Y</u> Exhaust	Table 7.1
3.7-3.8	SUPPORT AREAS FOR PATIENTS		
3.7-3.8.1	<u>Y</u> Patient changing & preparation area (may be combined with preop. patient care area)		
3.7-3.8.1.1 (3)	<u>Y</u> Space for patients to change from street clothing into hospital gowns & to prepare for surgery		

Ref.	Architectural Requirements	Building Systems Requirements	Table
(a)	<u>Y</u> place or method of storage for patient clothing		
(b)	<u>Y</u> access to toilet room without passing through public space		
(c)	<u>Y</u> clothing change or gowning area		
(d)	<u>Y</u> space for administering medications		
3.7-3.8.1.2	<u>Y</u> Provisions made for securing patients' personal effects		
3.7-3.8.2	<u>Y</u> Patient toilet room		
3.7-3.8.2.1	<u>Y</u> separate from public use toilet <u>Y</u> located for access from pre-operative & post-operative patient care areas	Ventilation: <u>Y</u> Min. 10 air changes per hour <u>Y</u> Exhaust	Table 7.1
3.7-5	GENERAL SUPPORT FACILITIES		
3.7-5.1	<u>Y</u> Sterilization facilities - on-site sterile processing room		
3.7-3.6.13	On-Site Sterile Processing Room:		
3.7-3.6.13.1			
(1)	<u>Y</u> consists of decontamination area & clean work area		
(2)	Location:		
	<u>Y</u> designed to provide one-way traffic pattern of contaminated materials/instruments to clean materials/instruments to sterilizer equipment		
(a)	<u>Y</u> entrance to contaminated side of sterile processing room from semi-restricted area (FROM RESTRICTED AREA)		
(b)	<u>Y</u> exit from clean side of sterile processing room to semi-restricted area or to operating room (may be shared between two or more OR's) (TO RESTRICTED AREA)		
(3)			
3.7-3.6.13.2	<u>Y</u> decontamination area	Ventilation:	
(1)		<u>Y</u> Min. 6 air changes per hour	Table 7.1
(a)	<u>Y</u> countertop	<u>Y</u> Negative pressure	
(b)	<u>Y</u> handwashing station	<u>Y</u> Exhaust	
	<u>Y</u> separate from instrument-washing sink	<u>Y</u> No room recirculating units	

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Ref.	Architectural Requirements	Building Systems Requirements	Table
(c)	<u>Y</u> sink for washing instruments		
(d)	<u>Y</u> storage for supplies		
(2)	<u>Y</u> min. 4'-0" distance from edge of decontamination sink to clean work area		
3.7-3.6.13.3 (1) (2) (3) (4)	<u>Y</u> clean work area <u>Y</u> countertop <u>Y</u> sterilizer <u>Y</u> handwashing station <u>Y</u> built-in storage for supplies	Ventilation: <u>Y</u> Min. 4 air changes per hour <u>Y</u> Positive pressure <u>Y</u> No room recirculating units	Table 7.1
3.7-5.2	<u>Y</u> Linen services		
3.7-5.2.1	<u>Y</u> clean linen storage		
3.7-5.2.2	<u>Y</u> soiled linen holding		
3.7-5.5	<u>Y</u> Environmental services room		
3.1-5.5.1.1	<u>Y</u> min. one ES room per floor		
3.1-5.5.1.2 (1) (2) (3)	<u>Y</u> service sink or floor-mounted mop sink <u>Y</u> provisions for storage of supplies & housekeeping equipment <u>Y</u> handwashing station or hand sanitation dispenser	Ventilation: <u>Y</u> Min. 10 air changes per hour <u>Y</u> Exhaust <u>Y</u> Negative pressure	Table 7.1
3.7-5.5.1.2	<u>Y</u> Fluid waste management system		
3.7-6.2	PUBLIC AREAS		
3.1-6.2.1	<u>Y</u> Vehicular drop-off & pedestrian entrance		
3.7-6.2.1	<u>Y</u> Min. one drop-off area or entrance reachable from grade level		
3.1-6.2.2	<u>Y</u> Reception & information counter, desk, or kiosk		
3.1-6.2.3	<u>Y</u> Waiting space		
3.1-6.2.4	<u>Y</u> Public toilets (may be located off public corridor in multi-tenant building)		
3.1-6.2.4.1	<u>Y</u> readily accessible from waiting area without passing through patient care or staff work areas	Ventilation: <u>Y</u> Min. 10 air changes per hour <u>Y</u> Exhaust	Table 7.1
	<u>Y</u> Local telephone access		
3.1-6.2.5	<u>Y</u> Provisions for drinking water		
3.1-6.2.6	<u>Y</u> Wheelchair storage		
3.7-6.3	ADMINISTRATIVE AREAS		

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Ref.	Architectural Requirements	Building Systems Requirements	Table
3.7-6.3.2	<u>Y</u> Interview space for private interviews relating to admission (may be shared with office, multipurpose, or consultation room)		
	<u>Y</u> separate from public & patient care areas		
3.7-6.3.3	<u>Y</u> Office space		
3.7-6.3.4	<u>Y</u> Multipurpose or consultation room		
3.7-6.3.4.1	<u>Y</u> located in unrestricted area		
3.7-6.3.5	<u>Y</u> Medical records		
3.1-6.3.5.1	<u>Y</u> restricted to staff access		
3.1-3.6.11.3 (1)	Wheelchair Storage & Parking Space: <u>Y</u> designated for at least one facility-owned wheelchair		
(2)	<u>Y</u> located out of required corridor width <u>Y</u> designated area for wheelchair parking <u>Y</u> located in non-public area <u>Y</u> located out of any required egress width or other required clearance		
3.7-6.4	SUPPORT AREAS FOR STAFF		
3.1-6.4.2	<u>Y</u> Storage for staff personal effects (locking drawers, cabinets, or lockers) <u>Y</u> readily accessible to individual work areas		

ARCHITECTURAL DETAILS

3.7-7.2.2.1 (1)	Corridor Width: <u>Y</u> Public corridors min. width 5'-0"
(2)	<u>Y</u> At least one corridor that connects surgical suite & PACU to exit min. width 6'-0"
(3)	<u>Y</u> Corridor connecting surgical suite & PACU min. width 8'-0" for transport of patients between pre-operative, procedure & PACU
(4)	<u>Y</u> Staff-only corridors min. width 3'-8"
3.1-7.2.2.2 (1)	Ceiling Height: <u>Y</u> Min. 7'-10" (except in spaces listed below in this section)

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	<u>Y</u> Min. 7'-6" in corridors <u>Y</u> Min. 7'-6" in normally unoccupied spaces
(2)	<u>Y</u> Min. height 7'-0" from lowest protruding element of equipment in procedure & operating rooms
3.1-7.2.2.3	Doors & Door Hardware:
(1)	Door Type:
(a)	<u>Y</u> all doors between corridors, rooms, or spaces subject to occupancy of swing type or sliding doors
(b)	<u> </u> sliding doors NOT INCLUDED IN PROJECT
(3)	<u>Y</u> door do not swing into corridors except doors to non-occupiable spaces
(4)	<u>Y</u> lever hardware
(b)	<u>Y</u> doors to patient use toilets in patient care & treatment areas have hardware that allows staff emergency access
3.7-7.2.2.3(1)	<u>Y</u> Door openings serving occupiable spaces min. clear width 2'-10"
(a)	<u>Y</u> Door openings for stretcher access min. clear width 3'-8"
(b)	Patient Toilet Rooms In Surgery & Recovery Areas:
(2)	<u>Y</u> equipped with doors & hardware that permit access from outside in emergencies
(a)	<u>Y</u> doors shall open outward
(b)	
3.1-7.2.2.8	Handwashing Stations:
(3)	<u>Y</u> Anchored to support vertical or horizontal force of 250 lbs.
(4)	Counter-Mounted Sinks:
(a)	<u>Y</u> countertops made of porcelain, stainless steel, or solid surface materials
(b)	<u>Y</u> plastic laminate countertops
(5)	<u>Y</u> at minimum substrate marine-grade plywood with impervious seal
(6)	<u>Y</u> no storage casework beneath sink
(6)	<u>Y</u> provisions for drying hands at all handwashing stations except hand scrub facilities
(a)	<u>Y</u> hand-drying device does not require hand contact
(b)	<u>Y</u> hand-drying provisions enclosed to protect against dust or soil
(7)	<u>Y</u> liquid or foam soap dispensers
3.1-7.2.2.9	Grab Bars:
(2)	<u>Y</u> anchored for concentrated load of 250 lbs.
3.1-7.2.3	SURFACES
3.1-7.2.3.1	Flooring & Wall Bases:
(1)	<u>Y</u> Selected flooring surfaces cleanable & wear-resistant for location
(2)	<u>Y</u> Smooth transitions between different flooring materials
(3)	<u>Y</u> Flooring surfaces, including those on stairways, stable, firm & slip-resistant

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(4)	<u>Y</u> Carpet provides stable & firm surface <u>Y</u> Floors & wall bases materials in all areas subject to frequent wet cleaning are not affected by germicidal cleaning solutions
3.7-7.2.3.2 (1) (2) (3) (4)	<u>Y</u> Floor finishes cleanable <u>Y</u> Floor finishes in areas such as clean corridors, central sterile supply spaces, specialized radiographic rooms & procedure rooms washable & smooth <u>Y</u> Floor finishes in operating rooms scrubbable, able to withstand chemical cleaning <u>Y</u> All floor surfaces in clinical areas allow easy movement of all required wheeled equipment
3.1-7.2.3.1(5)	<u>Y</u> Monolithic floors & wall bases in operating rooms & procedure rooms <u>Y</u> integral coved base min. 6” high
3.1-7.2.3.2 (1) (a) (b) (2) (4) (5)	Walls & Wall Protection: <u>Y</u> Wall finishes washable <u>Y</u> Wall finishes in vicinity of plumbing fixtures smooth, scrubbable & water-resistant <u>Y</u> Wall surfaces in areas routinely subjected to wet spray or splatter are monolithic or have sealed seams <u>Y</u> No sharp protruding corners <u>Y</u> Corner guards durable & scrubbable
3.7-7.2.3.3 (2) (3)	<u>Y</u> Wall finishes in areas such as clean corridors, central sterile supply spaces, & procedure rooms washable & smooth <u>Y</u> Wall finishes in operating rooms are scrubbable & monolithic
3.7-7.2.3.4 (1) (a) (b) (2) (a) (b)	Ceilings: <u>Y</u> Ceiling finishes in semi-restricted areas such as clean corridors, central sterile supply spaces, & procedure rooms smooth, scrubbable, non-absorptive & non-perforated <u>Y</u> no perforated, tegular, serrated, or highly textured tiles <u>Y</u> Ceilings in operating rooms monolithic & scrubbable, capable of withstanding cleaning and/or disinfecting materials <u>Y</u> all access openings are gasketed
3.1-8.2	HVAC SYSTEMS
4/6.1	Utilities:
4/6.1.1	<u>Y</u> Space ventilation & pressure relationship requirements of Table 7.1 be maintained in event of loss of normal electrical power in operating rooms
4/6.3.1	Outdoor Air Intakes:

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4/6.3.1.1	<u>Y</u> Located min. 25 feet from cooling towers & all exhaust & vent discharges <u>Y</u> Bottom of air intake is at least 6'-0" above grade
	<u>Y</u> Roof Mounted Air Intakes: bottom min. 3'-0" above roof level
4/6.4	Filtration: <u>Y</u> Filter banks conform to Table 6.4
4/6.4.1	<u>Y</u> Filter Bank #1 placed upstream of heating & cooling coils
4/6.4.2	<u>Y</u> Filter Bank No. 2 installed downstream of cooling coils & supply fan
4/6.7	Air Distribution Systems:
4/6.7.1	<u>Y</u> Ducted return or exhaust systems in spaces listed in Table 7.1 with required pressure relationships <u>Y</u> Ducted return or exhaust systems in recovery rooms
4/6.9	Duct Lining: <u>Y</u> No duct lining in ductwork located downstream of Filter Bank #2
4/7	Space Ventilation:
4/7.1	<u>Y</u> Spaces ventilated per Table 7.1
	<u>Y</u> Air movement from clean areas to less clean areas
	<u>Y</u> Min. number of total air changes indicated either supplied for positive pressure rooms or exhausted for negative pressure rooms
	<u>Y</u> Recirculating room HVAC units NOT INCLUDED IN PROJECT
3.1-8.2.1.1(5)	Acoustical Considerations: <u>Y</u> Equipment location or acoustic provisions limit noise associated with outdoor mechanical equipment to 65 dBA at building façade
3.1-8.2.1.2	Ventilation & Space-Conditioning:
(1)	<u>Y</u> All rooms & areas used for patient care have provisions for ventilation <u>Y</u> Natural ventilation only allowed for non sensitive areas via operable windows
(2)	<u>Y</u> Mechanical ventilation provided for all rooms & areas in facility in accordance with Table 7.1 of Part 4
3.1-8.2.3.1	Exhaust Systems:
(1)	<u>Y</u> Room routinely used for administering inhalation anesthesia & inhalation analgesia
(a)	<u> </u> anesthesia scavenging system with air supply at or near ceiling & exhaust air inlets near floor level NOT PROVIDED <u>Y</u> gas-collecting system arranged so as not to disturb patients respiratory systems
(b)	
(c)	<u>Y</u> gases from scavenging system exhausted directly to outside
3.1-8.3.2	ELECTRICAL DISTRIBUTION & TRANSMISSION
3.1-8.3.2.1	Switchboards Locations:
(1)	
(a)	<u>Y</u> located in areas separate from piping & plumbing equipment

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(b)	<u>Y</u> not located in rooms they support
(c)	<u>Y</u> accessible to authorized persons only
(d)	<u>Y</u> easily accessible
	<u>Y</u> located in dry, ventilated space free of corrosive gases or flammable material
3.1-8.3.3.1	<u>Y</u> Emergency electrical service conforms with NFPA 70, NFPA 99, NFPA 101, NFPA 110 & NFPA 111
3.1-8.3.4	LIGHTING
3.1-8.3.4.3(2)	<u>Y</u> Operating rooms have general lighting in addition to special lighting units at surgical table <u>Y</u> general lighting & special lighting on separate circuits
3.1-8.3.6	ELECTRICAL RECEPTACLES
3.1-8.3.6.2	<u>Y</u> Receptacles in patient care areas conform to Table 3.1-1
3.1-8.3.7	CALL SYSTEMS
	<u>Y</u> Nurse call stations conform to Table 3.1-2
3.1-8.4	PLUMBING SYSTEMS
3.1-8.4.2.5	Heated Potable Water Distribution Systems:
(2)	<u>Y</u> Systems serving patient care areas are under constant recirculation <u>Y</u> Non-recirculated fixture branch piping does not exceed 25'-0" in length
(3)	<u>Y</u> No dead-end piping
(4)	<u>Y</u> Water-heating system has supply capacity at minimum temperatures & amounts indicated in Table 2.1-3
(5)	<u>Y</u> Handwashing stations supplied as required above
3.1-8.4.3	PLUMBING FIXTURES
3.1-8.4.3.1(1)	<u>Y</u> Materials material used for plumbing fixtures non-absorptive & acid resistant
3.1-8.4.3.2	Handwashing Station Sinks:
(1)	<u>Y</u> Basins reduce risk of splashing to areas where direct patient care is provided, sterile procedures are performed & medications are prepared
(2)	<u>Y</u> Basin min. 144 square inches
(3)	<u>Y</u> Min. dimension 9 inches
(5)	<u>Y</u> Made of porcelain, stainless steel, or solid-surface materials
(7)	<u>Y</u> Water discharge point of faucets at least 10 inches above bottom of basin
(8)	<u>Y</u> Anchoring for sinks withstands min. vertical or horizontal force of 250 lbs <u>Y</u> Fittings operated without using hands for sinks used by staff, patients & public
(a)	<u>Y</u> blade handles or single lever <u>Y</u> min. 4 inches long <u>Y</u> provide clearance required for operation
(b)	<u> </u> sensor-regulated water fixtures NOT PROVIDED

Collaborative Surgery Center

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3.1-8.4.3.4	Ice-Making Equipment: <u>Y</u> copper tubing provided for supply connections
3.1-8.4.3.5	Clinical Sinks: <u>Y</u> Trimmed with valves that can be operated without hands
(1)	<u>Y</u> Handles min. 6 inches long
(2)	<u>Y</u> Integral trap wherein upper portion of water trap provides visible seal
3.1-8.4.3.6	Scrub Sinks:
(1)	<u>Y</u> Freestanding scrub sinks trimmed with foot, knee, or electronic sensor controls
3.1-8.4.4	MEDICAL GAS & VACUUM SYSTEMS
	<u>Y</u> Station outlets provided as indicated in Table 3.1-3
3.7-8.4.1	<u>Y</u> no flammable anesthetics in outpatient surgical facilities
3.7-8.5	COMMUNICATIONS SYSTEMS
3.7-8.5.2	Emergency Communication System:
	<u>Y</u> OR's & PACU equipped with emergency communication system designed to summon additional staff support with push activation of emergency call switch
3.1-8.7.2	ELEVATORS
3.1-8.7.2.1	<u>Y</u> Outpatient facility located on entrance floor at grade level

Exhibit 7

Collaborative Surgery Center

Exhibit 7

Chapter Name: 7- Infection Prevention and Control and Safety	Policy#: 7.00	Date Implemented:
Title: Infection Control Plan		Reviewed/Revised: 6/2021

Infection Control Program Policy:

The Center maintains an active ongoing infection control and prevention program established and approved by the Governing Board for identifying and preventing infections, including safeguards to protect the patient from cross-infection, maintaining a sanitary environment, reporting the results to authorities, and that is an integral part of the Quality Assurance/Performance Improvement (QAPI) program.

The program is based on standards established by the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology (APIC), the Occupational Safety and Health Administration (OSHA), the Healthcare Infection Control Practices Advisory Committee (HICPAC), the Association for the advancement of Medical Instruments (AAMI), and the Association for Operating Room Nurses (AORN) as appropriate. The center shall implement precautions to minimize exposure to communicable diseases to patients, health care staff, and others.

Infection Control is defined as taking measures necessary to prevent infections from occurring by maintaining a clean and sterile environment.

The Goals of the infection Prevention and Control program are to:

- Establish and operate a practical system for proactively preventing, identifying, reporting, and evaluating infection in the Center.
- Initiate proper measures to limit unprotected exposure to pathogens throughout the organization.
- Enhance hand hygiene and Universal Precautions.
- Review patient outcomes as related to Infection Prevention and Control.
- Minimize the risk of transmitting infections associated with procedures and with the use of medical equipment and medical services.
- Communicate and educate the medical staff and employees regarding potential infection prevention and control problems and suggest improvements.

• Defined Responsibility

The Governing Body is the ultimate authority for the Infection Control program. The ongoing responsibility for the program is assigned by the Governing Board to an individual who receives special training regarding Infection Control and the responsibilities of the position. The designated individual will be a member of the center's QAPI Committee and will provide quarterly reports regarding the program activities, findings, and improvement strategies.

• Surveillance

Surveillance is an active process to identify and analyze outcomes related to infection control, and includes:

- Environmental surveillance (risk assessment) to identify and correct practices found in the workplace. The Center's risk assessment is based upon the following factors:

Collaborative Surgery Center

Exhibit 7

- geographic location; the community; characteristics of the patient population; care, treatments and services provided; and available data from surveillance and other activities.
- Employee health and immunization monitoring
 - Observation and documentation of sterilization and disinfection practices (ie hand hygiene audits)
 - Verification of education and training for staff
 - Conformity with safe sharps handling
 - Public Health reporting and monitoring of community trends
 - Postsurgical surveillance conducted through reports sent to physicians 30 days post procedures (Reports are generated through SIS EMR, and tracking is documented in Incident Report and Outcome Variance Log).
- Patient Assessment and Triage
All patients will receive a pre-operative or pre-procedure assessment of current and past health history, including a symptom-based evaluation for current communicable disease. The ambulatory care setting does not provide for isolation rooms and therefore contact with patients who are potentially contagious must be limited. Patients with recognized communicable diseases will not be scheduled at the Center.
 - Hand Hygiene
Protocols for proper hand hygiene and surgical hand antisepsis are an essential element of the Program. Standards are based on World Health Organization (WHO) five moments of hand hygiene. Hand washing by personnel before and after contact with each patient is required. See Hand Hygiene Policy 7.06 for details.
 - Laundry/Janitorial Services
Facility policies and procedures will outline the handling, processing, and storage of clean and dirty linen, as well as the use of disposable supplies. The floors will be mopped by the janitorial service daily.
 - Environment of Care
Environmental factors reviewed as part of the Infection Control plan include workflow to prevent cross contamination, sterilization and reprocessing procedures and documentation, ventilation, temperature and humidity of rooms, appropriate ventilation and maintenance of systems (including measurement of air exchanges), housekeeping responsibilities, disinfection of surfaces between patients, cleaning schedules, and pest management (See Attachment 1: Quarterly EOC Rounds Checklist).
 - Education
Orientation and training regarding infection prevention and control will be conducted by the designated Infection Control person in and will include the topics of hand hygiene, high level disinfection/sterilization, waste management procedures, and infection prevention practices. Information related to employee health will also be included.
 - Improvement Strategies
Monitoring of infection control measures will be conducted and variances will be reported for specific occurrences. Corrective and preventive measures for improvement will be undertaken immediately as needed.

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- Further Procedures:

- All staff will use universal precautions when taking care of patients.
- O2 masks and hoses are to be changed between each patient.
- Bed to be sprayed and wiped with germicidal solution between patients.
- Clean linen is to be put on bed between patients after being decontaminated and disinfected.
- Any equipment that has bio-hazardous fluids (i.e. blood, vomit) is to be pulled aside and cleaned immediately before it is reused.
- Any disposable equipment or supplies with bio-hazardous material on it is to be placed in the appropriate disposal containers.
- Use of curtains and space is to be utilized when a patient has a likelihood of contaminating other patients.
- Excessive spills are to be wiped up immediately, and linen containers emptied promptly.
- Employee health nurse or their designee will direct staff with suspected or known infections regarding their responsibilities for patient care. All employee infections will be reported to the Employee Health Nurse and documented in employee health files. A physician may be required before employee can resume direct patient care.
- Any healthcare acquired infections will be reported to risk manager through variance reporting.

- Program Evaluation:

The Infection Control Program will be evaluated annually to determine its effectiveness and to assure that patient care and/or safety issues were identified and addressed. All recommendations from auditors, regulatory agencies and evidence-based sources are considered when evaluating the need for program revision. Program revisions will be approved by the Governing Board.

- Policy and Procedures:

Detailed Policies and Procedures Related to Infection Control can be found in the Infection Control Chapter of the facility Policy and Procedure Manual.

If there is need for a staff member at Collaborative Surgery Center to be evaluated due to a work-related exposure, injury, etc., the staff member will be seen at Clear Choice MD Urgent Care, 1200 Williston Road, South Burlington, VT 05403.

REFERENCES:

Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)
1275 K Street, NW Suite 100
Washington, DC 20005-4006
Phone 202-789-1890
Fax 202-789-1899

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E-mail apicinfo@apic.org

Internet www.apic.org

Centers for Disease Control and Prevention (CDC)

www.cdc.gov

Occupational Safety and Health Administration (OSHA)

<http://www.osha.gov>

Association for the Advancement of Medical Instrumentation (AAMI)

www.aami.org

Association of Perioperative Registered Nurses (AORN)

www.aorn.org

Exhibit 8

Collaborative Surgery Center

Exhibit 8

Chapter Name: 3 - Administration	Policy #:	Date Implemented:
Title: Policy of Cooperation		Reviewed/Revised: 7/01/2021

Policy Purpose

Collaborative Surgery Center will cooperate with all public and private review organizations.

Procedures

The Collaborative Surgery Center is committed to comply with all appropriate public and private reviews.

The Collaborative Surgery Center will cooperate with all public and private review organizations, including survey preparation, entrance activities, information gathering, exit conferences and any post survey activities. The Collaborative Surgery Center will designate a Team Coordinator to assist with the survey when the survey team consists of more than one surveyor.

In the event that a review organization identifies any deficiencies, the Collaborative Surgery Center shall implement any needed corrections as soon as possible and shall maintain records of noted deficiencies and steps taken to correct them.

Exhibit 9

Collaborative Surgery Center

Exhibit 9

Chapter Name: Facility Master Plan	Policy #:	Date Implemented:
Title: Utilities Management Plan		Reviewed/Revised: 6/2021

Goal:

This management plan describes the framework to manage risks associated with utility systems and to continuously improve program performance. The scope and objectives are consistent with the Collaborative Surgery Center.

Objectives:

The following objectives will ensure the physical safety of patients, visitors, and staff and prevent the loss of property.

- a. Effectively manage utility system risks by using best industry practices
- b. Optimize resources by using efficient utility system processes and lifecycle management of equipment
- c. Improve staff performance through effective utility system education and training
- d. Improve staff and patient satisfaction by providing a safe physical environment

Scope:

- a. The plan applies to this ASC.
- b. The systems covered under this plan are: electrical distribution; emergency power; heating, ventilating, and air conditioning; plumbing; boiler and steam; medical gases; medical/surgical vacuum; and communication systems (nurse call, computer, fax and telephone).

Responsibilities:

- 1. The Facility Manager or designee is responsible for developing, implementing, and monitoring this plan and the ASCs Utility System Maintenance Regulations.
- 2. The Facility Manager or designee is responsible for inspections, tests, and maintenance of the communication systems.
- 3. The Facility Manager or designee inspects, tests, and maintains the all facility systems.

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4. All staff are trained and competent in safe operation and use of utility systems and in emergency response and reporting procedures.

Utility Systems Elements of Performance:

a. Utility Systems Management Plan. This management plan is based on a plan, teach, implement, respond, monitor, and improve framework, and it addresses the essential process for making sure that all utility systems are safe and functional.

b. Risk Assessments.

1. The utility system risk assessment process focuses on the impact of utility system components on the ASC's life support, infection control, environmental support, equipment support, and communication systems.
2. Both proactive risk assessments (e.g., internal performance improvement data; staff, patient, and family feedback; environmental monitoring; results of failure mode and effects analyses; governmental regulation reviews; association, society, and professional literature reviews; exercise after action reports; preventive maintenance; and design reviews; etc.) and reactive risk assessments (incident investigations, utility system failure investigations, root cause analyses, etc.) are used to identify trends for which corrective action is needed.
3. The risk assessment process is also used to manage "gray areas" that do not have a clear resolution. An example of a "gray area" is deciding the best way to secure sharps in the Recovery Room. "Gray area" issues are brought to the Safety/EOC Committee for discussion and resolution.

c. Risk Management.

1. Facilities works with supervisors and staff to exchange information and educate each other on any risks associated with the utility systems. First-line supervisors are responsible for making sure users understand the application, safe operation, and emergency procedures for the utility systems located in their work areas.
2. All risks associated with the utility systems are evaluated, tracked, and abated on a worst-first basis. Interim measures are implemented when hazards cannot be immediately abated to manage risk and minimize potential harm to patients, staff, and visitors.

d. Design and Installation of the Utility Systems. The Facility Manager uses Federal Guidelines Institute (FGI) Guidelines for Design and Construction of Healthcare Facilities; Americans with Disabilities Act(ADA) and Architectural Barriers Act Accessibility Guidelines; and a number of other standards listed

Collaborative Surgery Center

in Appendix C to make sure that the utility systems meet the patient care and operational needs of the services in the ASC.

e. Utility System Inventory.

1. All utility systems having an impact on the environment, life support, infection control, support of the environment, equipment, and communications are classified as critical systems, and they are included in the inventory. Newly acquired equipment is added to the inventory within three months of acquisition/installation.
2. All systems or components included in the Preventive Maintenance Program are assigned a unique identification number. The identification numbers attach each component to a specific preventive maintenance procedure, schedule and service history file.
3. The on time maintenance completion rate for all critical operating components for life support utility systems, is 100 percent. The expected on time maintenance completion rate for all critical operating components for non life support utility systems, is at or better than 95 percent.
4. The Preventative Maintenance (PM) Program is used to maintain documentation for the following –
 - A current, accurate, and separate inventory of utility components included in the utility management plan.
 - Performance and safety testing of each critical component identified in the plan before initial use.
 - Critical components of life support utility systems/equipment consistent with maintenance strategies.
 - Critical components of infection control utility systems/equipment for high-risk patients.
 - Critical components of non-life support utility systems/equipment.

f. Preventive Maintenance Strategies. Facilities uses a variety of maintenance strategies to include –

1. Interval-based maintenance (e.g., adding chemicals to cooling towers, lubricating parts, etc.).
2. Predictive maintenance (e.g., infrared scans of electrical systems, ultrasonic scans of pumps, oil analysis for diesel generators, etc.).
3. Metered maintenance (e.g., compressors maintained based on the number of hours run).
4. Corrective maintenance (e.g., run to fail maintenance on non-critical systems).

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5. The Facilities Manager may modify maintenance intervals based on experience and risk levels associated with the system's function, clinical area that it supports, and its incident history.
- g. Preventive Maintenance Intervals.
 - The PM data base serves as a tracking tool to document completion of required inspections, tests, and maintenance. Each month the PM database automatically generates scheduled services requirements based on the maintenance types described in Paragraph 5.f. above.
 - h. Water Systems.
 - Facilities follows the guidance in The American Society for Heating and Refrigerating and Air Conditioner Engineers ASHRAE (12-2000) and the CDC Guidelines for Environmental Infection Control in Healthcare Facilities to control pathogenic biological agents (i.e., Legionella) in hot, cold, and aerosolizing water systems.
 - If there is a case of suspected or known ASC-acquired infection, the Facility Manager works together with Infection Control and Preventive Medicine to review engineering policies and procedures related to inspections, preventive maintenance, and the culturing guidelines to be used.
 - All inspections, tests and maintenance are documented in the PM database.
 - i. Ventilation Systems.
 - Facilities uses guidance from a number of references, such as United Facilities Criteria (UFC) ASHRAE; FGI Guidelines for Design and Construction of Health Care Facilities, CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005; etc. when designing, installing, and maintaining air handling and ventilation systems. Emphasis is placed on the proper pressure relationships, air exchange rates, and filtration efficiencies in areas where patients that may have auto immune systems that are suppressed are treated or housed. These areas include operating rooms, procedure rooms, and sterile supply rooms.
 - If there is a case of suspected or known ASC-acquired infection, the Facility Manager works together with Infection Control and Preventive Medicine to review engineering policies and procedures related to inspections, preventive maintenance, and the culturing guidelines to be used.
 - All inspections, tests and maintenance are documented in the PM database.
 - j. Utility Systems Distribution. For each major system, Facilities maintains current, detailed schematics mapping the layout of each system. These schematics show technical details and operational procedures. These documents also include distribution and controls for partial or complete shutdown as well as operating procedures for key controls to include notification of staff in affected areas.

Collaborative Surgery Center

k. Labeling for Emergency Shutdown. Emergency shut off controls are labeled for a partial or complete emergency shutdown, and the labels are inspected at least annually.

l. Utility System Disruption Procedures.

- When planned utility outages are required for repairs, maintenance or construction, Facilities notifies the affected departments and services at least seven days in advance of the scheduled start date to avoid unexpected inconveniences, property damage, safety hazards, or loss of information or research.
- Staff immediately reports loss of a utility system to Facilities via telephone when an unplanned utility outages occurs as the result of a repair, maintenance, or construction activity or other natural/man made event.

m. Shutting Down Malfunctioning Systems. Emergency shutdown and notification/contingency plans for utility system disruptions are addressed in the Facilities Operational Plans and in the Emergency Management Plan (EMP). Examples of emergency procedures include, but are not limited to

- Shutdown/Loss of Electricity
- Shutdown/Loss of Water
- Shutdown/Loss of heating, ventilation, and air conditioning
- Shutdown/Loss of piped medical gases
- Shutdown/Loss of steam/boilers
- Shutdown/Loss of communications
- Shutdown/Loss of natural gas/oil

n. Emergency Clinical Procedures. Facilities and Department of Nursing develop emergency procedures for utility system disruptions which address the following –

- Specific procedures in the event of utility systems malfunction
- Identification of an alternate source of essential utilities
- Shutoff of malfunctioning systems and notification of staff in affected areas
- Procedures for obtaining repair services when utility systems fail

o. Emergency Repairs. See Paragraph 5.m. above.

p. Emergency Response. See Paragraphs 5.m. and 5 n. above.

q. Emergency Electrical Power. The ASC has an emergency generator. The emergency power source supplies electricity to the following

- Alarm systems
- Exit route illumination
- Emergency communication systems
- Illumination of exit signs
- Medical and surgical vacuum systems

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- Areas where electrically powered life-support equipment is used
- Operating rooms
- Postoperative recovery rooms

r. Inspections, Tests, and Maintenance.

1. Initial. All systems are tested prior to initial use and annually unless otherwise specified by the preventive maintenance frequency defined in the PM database.
2. Life Support. See Paragraphs 5.e, 5.f, and 5.g. above.
3. Infection Control. See Paragraphs 5.e, 5.f, and 5.g. above.
4. Non Life Support. See Paragraphs 5.e, 5.f, and 5.g. above.

s. Emergency Power Supply Systems.

1. Battery-powered lights for egress purposes are tested for 30 seconds every 30 days, and for 1½ hours annually.
2. The ASCs does not have stored emergency power supply systems.
3. Facilities tests the emergency power system twelve times a year at intervals of not less than 20 days and not more than 40 days. Testing is conducted for at least 30 continuous minutes under a dynamic load that is at least 30% of the nameplate rating of the generator. Generators that are tested to less than the 30% of the nameplate rating still require a 30 minute testing period. The ASC follows guidance in the JC EC Standard EC.02.05.07 for testing generators that tested less than the nameplate rating and for diesel-powered generators that do not meet the minimum exhaust gas temperatures.
4. All transfer switches are tested 12 times annually with the testing intervals not less than 20 days and not more than 40 days apart.
5. Facilities further tests each emergency generator at least once every 36 months for a minimum of four continuous hours. The test is conducted under a load (dynamic or static as necessary) that is at least 30% of the nameplate rating of the generator.
6. If a test of an emergency power supply system fails, Facilities implement interim measures to compensate for the risk to patients, visitors, and staff until necessary repairs or corrections are completed, and Facilities performs a retest after making the necessary repairs or corrections.
7. All inspections, tests, and maintenance are documented in the PM database.

t. Medical Gas and Vacuum Systems.

1. The medical gas system includes compressed air for medical; vacuum for medical, and waste anesthesia gas disposal; and gases for patient, laboratory, and equipment use. The system design includes centralized gas storage, compressors, a piped distribution system, and connection outlets. Point-of-use or decentralized systems are also included.
2. Facilities follows the guidance in National Fire Protection Agency (NFPA) 99 to install and test the medical gas system. Testing includes, but is not limited to, cross-connection, purity, pressure, and alarm testing. All testing and certification of the medical gas systems is done by an independent testing agency.
3. All inspections, tests and maintenance are documented in the PM database.

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4. Facilities follows the guidance in NFPA 99 to label all piped medical gas and vacuum systems main supply valves and area shutoff valves.
- u. Orientation and Education Program.
1. The orientation and education component pertaining to utility systems addresses the following criteria –
 - (a) Staff
 - (1) The utility system's capabilities, limitations, and special applications
 - (2) Emergency procedures in the event of system failure
 - (3) Location and instructions for use of emergency shutoff controls
 - (4) Processes for reporting utility system management problems, failures, and user errors
 - (b) Maintenance workers
 - (1) Certification, license or information and skills necessary to perform assigned maintenance responsibilities
 - (2) The utility system's capabilities, limitations, and special applications
 - (3) Emergency procedures in the event of system failure
 - (4) Location and instructions for use of emergency shutoff controls
 - (5) Processes for reporting utility system management problems, failures, and user errors
 - (6) Shop safety (lockout/tagout, confined spaces, tool and ladder safety, etc.)
 2. HR manages the MTF-wide New Employee Orientation Program. Generally, new employees are scheduled to attend orientation within 30 days of hire.
 3. HR also manages the Annual Refresher Training Program.
 4. Supervisors provide worksite-specific orientation and annual refresher training.
 5. All training is documented in the staff competency folders.
- v. Information Collection and Evaluation System.
1. Incident Reporting and Investigating.

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- (a) The Facility Manager identifies, documents, investigates, and evaluates utility system incidents, failures, problems, or user errors to identify trends and problems that pose a potential threat to health and safety and opportunities for improvement. Investigations may include a review of equipment service reports, incident reports, utility failures, and user errors. Corrective actions are implemented in a timely manner and the results are evaluated for effectiveness.
- (b) Typical incidents that require reporting and investigation include normal electric power system failures, emergency power system failures, water system failures or contamination, steam system failures, sewer system leaks and major blockages, medical gas system failures, disruption of HVAC service to patient care units and service areas, and any other incident deemed appropriate by the Facility Manager.

2. Annual Evaluation.

- (a) The Facility Manager keeps the management plan current by reviewing the plan at least annually (i.e., one year from the date of the last review, plus or minus 30 days) and making modifications based on changes to policies, regulations, and standards. In performing the annual review, the Facility Manager uses a variety of sources such as inspection and audit results, accident/incident reports, employee reports of unsafe or unhealthy working conditions, customer satisfaction surveys, suggestion boxes, performance improvement committees, and other statistical information and tracking reports. The Facility Manager may also use other forms of review and input from relevant sources, such as leadership, other disciplines, management, staff, and personnel.
- (b) Assessment:
 - (i) Scope. Based on the outcome of objectives assessment, the scope of the plan is expanded, reduced or maintained at its present scope (buildings, equipment, people, operations, services).
 - (ii) Objectives. An annual assessment is made to determine if the objectives, as outlined in paragraphs 2.a through 2.d are current.
 - (iii) Performance. An acceptable level of performance is determined by the achievements related to the utility management processes necessary for maintaining a successful Utility Management Program.
 - (iv) Effectiveness. An acceptable level of effectiveness is determined by attaining success in meeting objectives and producing a satisfactory level of performance.
- (c) Once the EOC Committee approves the annual review, the results are submitted to the Executive Committee for review and approval.
- (d) The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance the Employee Orientation and Annual Refresher Training Programs.

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3. EOC Committee. The Facility Manager is a standing member of the Safety/EC Committee and is responsible for coordinating, documenting, and presenting information related to the utility systems to the committee. In addition, the Facility Manager is responsible for providing recurring reports on the status of the Utility Systems Management Plan to include –
 - Annual evaluation of the Utility Systems Management Plan
 - Performance Improvement Standards/initiatives
 - Risk assessments
 - Outages, failures, user errors
 - Status of the Testing/Inspecting/Maintenance Program
 - Construction Risk Assessments
4. Monitoring of Performance
 - (a) Performance monitoring is used to –
 - a. Identify areas of concern and strengths in the MTF's Utility Systems Program
 - b. Identify or determine actions necessary to address areas of concern
 - c. Assess actual compliance with relevant standards
 - (b) The Facility Manager –
 1. Identifies at least one measurable performance improvement standard regarding actual or potential risk related to one or more of the following –
 - i. Staff knowledge and skills
 - ii. Level of staff participation
 - iii. Monitoring and inspection activities
 - iv. Emergency and incident reporting
 - v. Inspection, preventive maintenance, and testing of equipment
 2. Considers high-risk, high-volume or chronic problems when developing performance standards to better focus limited resources.
 3. Sets desired goals or benchmarks and develops and implements data collection and reporting procedures.
 4. Appendix D lists the Utility System performance measure(s) for this year.
 - i. The EOC Committee tracks performance and documents the results in the committee minutes.

APPENDIX C
SUMMARY OF REGULATIONS, CODES AND STANDARDS
MAINTENANCE REFERENCE DOCUMENTS

System	Regulation, Code or Standard
Heating Ventilation and Air Conditioning	UFC 4-510-01 ASHRAE, NFPA 90A
Medical Gas System	UFC 4-510-01 NFPA 99
Medical/Surgical Vacuum Systems	UFC 4-510-01 NFPA 99
Electrical Distribution System	UFC 4-510-01 NFPA 70
Emergency Power System	UFC 4-510-01,AIA Guidelines NFPA 110
Nurse Call System	UFC 4-510-01
Telephone System	UFC 4-510-01
Boiler/Steam	UFC 4-510-01 The Boiler and Pressure Vessel Code of the American Society of Mechanical Engineers (ASME), dated July 1, 1998 and addenda and interpretations through December 31, 1998. 1998 Edition of the ANSI/ASME B31.1 , Power Piping Code and Addenda; 1996 Edition of the ANSI/ASME B31.9 , Building Service Piping; 1998 Edition of the National Board Inspection Code ANSI/NB 23 1998 Edition of ASME (CSD-1), Controls and Safety Devices
Plumbing	UFC 4-510-01 1997 Uniform plumbing code with state amendments. This code is used for all commercial plumbing code applications.
HVAC	UFC 4-510-01 AIA Guidelines for Design and Construction of MTFs and Healthcare Facilities OSHA CPL.2.106, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis
Aerosolizing Water Systems	ASHRAE 12-2000 CDC Guidelines for Environmental Infection Control in Healthcare Facilities

APPENDIX D
2019 UTILITY SYTEMS PERFORMANCE MEASURES

Performance Objective	Performance Indicator(s)	SMART Performance Measure/ Action Plan
<p>Optimize resources by using efficient utility system processes and lifecycle management of facilities.</p>	<p>% man-hours applied to scheduled work # Utility system problems, failures, and use errors resulting in patient disruption</p>	<ul style="list-style-type: none"> • • What is your goal? • Is it measurable? • SMART performance measure • What constraints do you have (time, money, other resources)? • What are the steps you will take to meet your goal? • How will you prioritize these steps? • What data do you need to collect? • How will you collect and report the data?

Table 1

**COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER**

TABLE 1
PROJECT COSTS

Construction Costs		Comments
1 New Construction	\$ -	
2 Renovation	\$ -	
3 Site Work	\$ -	
4 Fixed Equipment	\$ 2,413,173.59	Fixed Equip. is the interior build-out cost for the ASC. A detailed 'Interior Improvements - Construction Costs' Budget is included with the application
5 Design/Bidding Contingency	\$ -	
6 Construction Contingency	\$ -	
7 Construction Manager Fee	\$ -	
8 Other (please specify):	\$ 4,201,759.91	This is the remaining portion of the Capitalized Lease Payments
Subtotal	\$ 6,614,933.50	
Related Project Costs		
1 Major Moveable Equipment	\$ 4,100,651.57	See budget included with this application
2 Furnishings, Fixtures & Other Equip.	\$ 330,000.00	Includes Initial Furniture/Fixtures and Initial Inventory
3 Architectural/Engineering Fees	\$ -	
4 Land Acquisition	\$ -	
5 Purchase of Buildings	\$ -	
6 Administrative Expenses & Permits	\$ -	
7 <i>Total Debt Financing Expenses (see below)</i>	\$ -	
8 Debt Service Reserve Fund	\$ -	
9 Working Capital	\$ 612,693.03	
10 Other (please specify)	\$ 250,000.00	Other Start-Up Costs include cost of the obtaining CON, cost of Medicare and private accreditation, cost of consultants for operations/legal, cost of hiring
Subtotal	\$ 5,293,344.60	
Total Project Costs	\$ 11,908,278.10	

Debt Financing Expenses		
1 Capital Interest	\$ -	Debt financing for Related Project Costs are shown in Table 2
2 Bond Discount or Placement Fee	\$ -	
3 Misc. Financing Fees & Exp. (issuance costs)	\$ -	
4 Other (specify):	\$ -	
Subtotal	\$ -	
Less Interest Earnings on Funds		
Debt Service Reserve Funds	\$ -	
Capitalized Interest Account	\$ -	
Construction Fund	\$ -	
Other (specify):	\$ -	
Subtotal	\$ -	
Total Debt Financing Expenses	\$ -	
<i>feeds to Debt Financing Expenses above</i>		

Table 2

**COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER**

TABLE 2

DEBT FINANCING ARRANGEMENT: SOURCES & USES OF FUNDS

Sources of Funds		Comments
1 Financing Instrument	Debt	
a Interest Rate		10.00%
b Loan Period	10 years	
c Amount Financed		\$4,100,652
2 Equity Contribution		\$1,192,693
3 Other Sources		
a Working Capital		\$0
b Fundraising		\$0
c Grants		\$0
d Other		\$0
Total Required Funds	\$	5,293,345

Uses of Funds		Comments
1 New Construction		\$0
2 Renovation		\$0
3 Site Work		\$0
4 Fixed Equipment		\$0
5 Design/Bidding Contingency		\$0
6 Construction Contingency		\$0
7 Construction Manager Fee		\$0
8 Major Moveable Equipment	\$4,100,652	
9 Furnishings, Fixtures & Other Equip.	\$330,000	Includes Initial Furniture/Fixtures and Initial Inventory
10 Architectural/Engineering Fees		\$0
11 Land Acquisition		\$0
12 Purchase of Buildings		\$0
13 Administrative Expenses & Permits		\$0
14 Debt Financing Expenses		\$0
15 Debt Service Reserve Fund		\$0
16 Working Capital		\$612,693
17 Other (please specify)		\$250,000
Total Uses of Funds	\$	5,293,345

Table 3

COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER

TABLE 3
INCOME STATEMENT

**Because Collaborative Surgery Center LLC was formed exclusively for the development and operation of the proposed ASC, it has no other existing or proposed lines of business. Accordingly, we are not submitting separate subtables A-C.*

	Year 1	Year 2	Year 3	Year 4
Revenue				
Patient Revenues	\$ 4,648,088	\$ 5,007,312	\$ 5,528,401	\$ 6,084,149
Deductions from Revenue:				
Bad Debt	\$ (67,040)	\$ (72,221)	\$ (79,737)	\$ (87,752)
Charity Care	\$ (67,040)	\$ (72,221)	\$ (79,737)	\$ (87,752)
Total Deductions from Revenue	\$ (134,079)	\$ (144,442)	\$ (159,473)	\$ (175,504)
Net Patient Revenue	\$4,469,315	\$4,814,723	\$5,315,770	\$5,850,143
Expenses				
Clinical Personnel Costs	\$ 1,251,408	\$ 1,348,122	\$ 1,488,416	\$ 1,638,040
Clinical Expenses (Non Personnel)	\$ 1,340,795	\$ 1,444,417	\$ 1,594,731	\$ 1,755,043
Administrative Expenses	\$ 446,932	\$ 481,472	\$ 531,577	\$ 585,014
Lease Expense	\$ 577,024	\$ 594,335	\$ 612,165	\$ 630,530
Equipment Expense	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000
Interest Expense	\$ 410,065	\$ 369,059	\$ 328,052	\$ 287,046
Depreciation Expense	\$ 430,065	\$ 430,065	\$ 430,065	\$ 430,065
Total Expenses	\$ 4,516,289	\$ 4,727,470	\$ 5,045,006	\$ 5,385,738
Income Before Taxes	\$ (46,974)	\$ 87,253	\$ 270,764	\$ 464,405

Table 4

COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER

TABLE 4
BALANCE SHEET

	Start-Up	Year 1	Year 2	Year 3	Year 4
<u>Assets</u>					
Current Assets:					
Cash		\$ (26,974)	\$ 70,279	\$ 346,044	\$ 810,449
Supplies Inventory	130,000	130,000	140,000	155,000	175,000
Total Current Assets	130,000	103,026	210,279	501,044	985,449
Fixed Assets:					
Land and Building	-	-	-	-	-
Furniture, Fixtures and Equipment	4,300,652	4,300,652	4,300,652	4,300,652	4,300,652
Total Fixed Assets	4,300,652	4,300,652	4,300,652	4,300,652	4,300,652
Less: Accumulated Depreciation/Amort		(430,065)	(860,130)	(1,290,195)	(1,720,261)
Net Fixed Assets	4,300,652	3,870,586	3,440,521	3,010,456	2,580,391
Total Assets	\$ 4,430,652	\$ 3,973,613	\$ 3,650,801	\$ 3,511,500	\$ 3,565,840
<u>Liabilities and Equity</u>					
Current Liabilities					
Current Portion of LTD	410,065	410,065	410,065	410,065	410,065
Total Current Liabilities	410,065	410,065	410,065	410,065	410,065
Long Term Debt					
Non Current Portion	3,690,586	3,280,521	2,870,456	2,460,391	2,050,326
Total Long Term Debt	3,690,586	3,280,521	2,870,456	2,460,391	2,050,326
Total Liabilities	4,100,652	3,690,586	3,280,521	2,870,456	2,460,391
Equity					
Capital Contribution	1,192,693	1,192,693	1,192,693	1,192,693	1,192,693
Retained Earnings	(862,693)	(909,667)	(822,414)	(551,649)	(87,244)
Closing Equity	330,000	283,026	370,279	641,044	1,105,449
Total Liabilities and Equity	\$ 4,430,652	\$ 3,973,613	\$ 3,650,801	\$ 3,511,500	\$ 3,565,840

Table 5

COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER
TABLE 5
STATEMENT OF CASH FLOWS

	Start-Up	Year 1	Year 2	Year 3	Year 4
Cash flows from operating activities:					
Income (loss) before income taxes	\$ (862,693)	\$ (46,974)	\$ 87,253	\$ 270,764	\$ 464,405
Non cash adjustment to income (loss)					
Depreciation and amortization		430,065	430,065	430,065	430,065
(Increase) decrease in inventory	(130,000)	-	(10,000)	(15,000)	(20,000)
Net cash provided (used) by operating activities	(992,693)	383,092	507,318	685,830	874,470
Cash flow from investing activities:					
Furniture, fixtures and equipment	(200,000)	-			
Net cash provided (used) by investing activities	(200,000)	-	-	-	-
Cash flow from financing activities:					
Proceeds from issuance of long-term debt	4,100,652	-	-	-	-
Principal payments on long-term debt		(410,065)	(410,065)	(410,065)	(410,065)
Proceeds from issuance of shares	1,192,693				
Net cash provided (used) by financing activities	5,293,345	(410,065)	(410,065)	(410,065)	(410,065)
Increase (decrease) in cash	-	(26,974)	97,253	275,764	464,405
Cash (Loan), beginning of period	-	-	(26,974)	70,279	346,044
Cash (Loan), end of year before distributions to N	-	(26,974)	70,279	346,044	810,449
Cash Available for Distributions	-	-	-	-	-
Cash (Loan), end of period after distributions	\$ -	\$ (26,974)	\$ 70,279	\$ 346,044	\$ 810,449

Table 6

COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER
TABLE 6*
REVENUE SOURCE PROJECTIONS

**Because CSC was formed exclusively for the development and operation of the proposed ASC, it has no other existing or proposed lines of business. Accordingly, we are not submitting separate subtables A-C*

	Latest Actual	Budget	Proposed Year 1	Proposed Year 2	Proposed Year 3	Proposed Year 4
Gross Inpatient Revenue						
Medicare	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid	N/A	N/A	N/A	N/A	N/A	N/A
Commercial	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	N/A	N/A	N/A	N/A	N/A
Free Care/Bad Debt	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A
Gross Outpatient Revenue						
Medicare	N/A	N/A	\$2,507,350	\$2,701,124	\$2,981,985	\$3,282,641
Medicaid	N/A	N/A	\$1,003,848	\$1,079,523	\$1,190,904	\$1,311,128
Commercial	N/A	N/A	\$4,745,081	\$5,113,008	\$5,645,654	\$6,213,055
Self Pay	N/A	N/A	\$417,892	\$449,415	\$496,210	\$544,697
Free Care/Bad Debt	N/A	N/A	(\$134,079)	(\$144,442)	(\$159,473)	(\$175,504)
Other	N/A	N/A	\$0	\$0	\$0	\$0
Gross Other Revenue						
Medicare	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid	N/A	N/A	N/A	N/A	N/A	N/A
Commercial	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	N/A	N/A	N/A	N/A	N/A
Free Care/Bad Debt	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A
Gross Patient Revenue						
Medicare	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid	N/A	N/A	N/A	N/A	N/A	N/A
Commercial	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	N/A	N/A	N/A	N/A	N/A
Free Care/Bad Debt	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A
Deductions from Revenue						
Medicare	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid	N/A	N/A	N/A	N/A	N/A	N/A
Commercial	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	N/A	N/A	N/A	N/A	N/A
Free Care/Bad Debt	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A
Net Patient Revenue						
Medicare	N/A	N/A	\$835,783	\$900,375	\$993,995	\$1,094,214
Medicaid	N/A	N/A	\$334,616	\$359,841	\$396,968	\$437,043
Commercial	N/A	N/A	\$3,321,557	\$3,579,105	\$3,951,958	\$4,349,138
Self Pay	N/A	N/A	\$111,438	\$119,844	\$132,323	\$145,252
Free Care/Bad Debt	N/A	N/A	(\$134,079)	(\$144,442)	(\$159,473)	(\$175,504)
Other	N/A	N/A	N/A	N/A	N/A	N/A
Disproportionate Share Adjustment	N/A	N/A	N/A	N/A	N/A	N/A

Table 7

COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER
 TABLE 7*
 UTILIZATION PROJECTIONS

**Because CSC was formed exclusively for the development and operation of the proposed ASC, it has no other existing or proposed lines of business. Accordingly, we are not submitting separate subtables A-C*

	Latest Actual	Budget	Proposed Year 1	Proposed Year 2	Proposed Year 3	Proposed Year 4
Inpatient Utilization						
Staffed Beds	N/A	N/A	N/A	N/A	N/A	N/A
Admissions	N/A	N/A	N/A	N/A	N/A	N/A
Patient Days	N/A	N/A	N/A	N/A	N/A	N/A
Average Length of Stay	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Utilization						
All Outpatient Visits	N/A	N/A	N/A	N/A	N/A	N/A
OR Procedures	N/A	N/A	1840	1943	2103	2269
Observation Units	N/A	N/A	N/A	N/A	N/A	N/A
Physician Office Visits	N/A	N/A	N/A	N/A	N/A	N/A
Ancillary						
All OR Procedures	N/A	N/A	N/A	N/A	N/A	N/A
Emergency Room Visits	N/A	N/A	N/A	N/A	N/A	N/A
Adjusted Statistics						
Adjusted Admissions	N/A	N/A	N/A	N/A	N/A	N/A
Adjusted Patient Days	N/A	N/A	N/A	N/A	N/A	N/A

Table 9

Collaborative Surgery Center, LLC
Collaborative Surgery Center
Table 9*
Staffing Projections

**Because Collaborative Surgery Center was formed exclusively for the development and operation of the proposed ASC, it has no other existing or proposed lines of business. Accordingly, we are not submitting separate subtables A-C*

	Latest Actual	Budget	Start-Up	Proposed Year 1	Proposed Year 2	Proposed Year 3	Proposed Year 4
Surgical Tech	0	N/A	0.5	4	4	4	4
Medical Assistant	0	N/A	0	2	2	2	2
RN Manager	0	N/A	1	1	1	1	1
Receptionist	0	N/A	0	1	1	1	1
Scheduler	0	N/A	0	2	2	2	2
Business Office Manager	0	N/A	1	1	1	1	1
Administrator	0	N/A	1	1	1	1	1
Total Non-MD FTEs	0	N/A	3.5	12	12	12	12
Physician FTEs	0	N/A	0	0	0	0	0
Surgical RN	0	N/A	0	6	6	6	6
Pre-Op RN	0	N/A	0	4	4	4	4
PACU RN	0	N/A	0	3	3	3	3
Direct Service Nurse FTEs	0	N/A	0	13	13	13	13
Total FTEs	0	N/A	3.5	25	25	25	25

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re. The Collaborative Surgery Center)
Application for Certificate of Need)
For Ambulatory Surgery Center) Docket No. GMCB _____

VERIFICATION UNDER OATH

NOW COMES Susan Ridzon and having been duly sworn states as follows:

1. My name is Susan Ridzon. I am a founding member and manager of The Collaborative Surgery Center (the "CSC").
2. I have reviewed the CSC's Certificate of Need Application for the construction of an Ambulatory Surgery Center in Colchester, Vermont (the "Project").
3. Based on my personal knowledge and belief, and along with a reasonable and diligent inquiry I attest that the information contained in the CSC's Certificate of Need Application for the construction of an Ambulatory Surgery Center in Colchester, Vermont is true and accurate to the best of my knowledge and information.
4. Based on my personal knowledge and belief, and along with a reasonable and diligent inquiry I attest that the CSC's Certificate of Need Application for the construction of an Ambulatory Surgery Center in Colchester, Vermont does not omit any material fact to the best of my personal knowledge and information.
5. My personal knowledge as to the truth, accuracy and completeness of the CSC's application is based upon my personal experience and knowledge, my actual knowledge of the subject matter of the application, a review of the literature cited in the application, and upon information provided to me from the following persons who provided me information and documents that I believe to be true and accurate:
 - Amy Cooper, consultant to the CSC. Ms. Cooper is an owner and manager of the Green Mountain Surgery Center. The Green Mountain Surgery Center is a successful ASC located

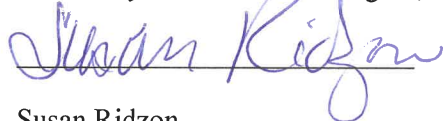
adjacent to the CSC. Ms. Cooper has been engaged as a consultant to advise the founders on the development, management and creation of the CSC. She is not an owner or manager.

- Susan Ridzon, co-founder.
- Glenn Beddingfield, Senior Equipment Planner, Benson Method. Mr. Beddingfield provided information regarding necessary medical equipment and purchasing.
- Jeffery Lehmann, Medical Compliance Team President, Medical Compliance Team. Mr. Lehmann provided information about Life/Safety and FGI compliance in the design of the CSC.
- Joe Greene, AIA, Principal, Joseph Architects. Mr. Greene provided information as to the building design, cost of construction estimates and FGI compliance.
- David Roy, Architect and President, Weimann Lamphere Architects. Mr. Roy provided information as to the building design, cost of construction estimates and FGI compliance.

6. In the event contained in this application becomes untrue, inaccurate or incomplete in any material aspect, I acknowledge my obligation to notify the Green Mountain Care Board, and to supplement the application as soon as I know, or reasonably should know that the information or document has become untrue, inaccurate or incomplete in any material aspect.

Furthermore Susan Ridzon sayeth nothing.

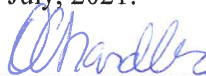
Dated July 30, 2021 at Burlington, Vermont



Susan Ridzon

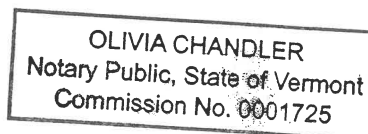
Member, The Collaborative Surgery Center

Subscribed and sworn to before me this the 30th day of July, 2021.



Notary Public

My Commission Expires: 01/31/2023



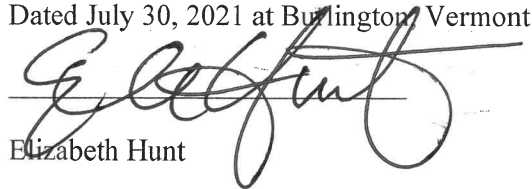
adjacent to the CSC. Ms. Cooper has been engaged as a consultant to advise the founders on the development, management and creation of the CSC. She is not an owner or manager.

- Susan Ridzon, co-founder.
- Glenn Beddingfield, Senior Equipment Planner, Benson Method. Mr. Beddingfield provided information regarding necessary medical equipment and purchasing.
- Jeffery Lehmann, Medical Compliance Team President, Medical Compliance Team. Mr. Lehmann provided information about Life/Safety and FGI compliance in the design of the CSC.
- Joe Greene, AIA, Principal, Joseph Architects. Mr. Greene provided information as to the building design, cost of construction estimates and FGI compliance.
- David Roy, Architect and President, Weimann Lamphere Architects. Mr. Roy provided information as to the building design, cost of construction estimates and FGI compliance.

6. In the event contained in this application becomes untrue, inaccurate or incomplete in any material aspect, I acknowledge my obligation to notify the Green Mountain Care Board, and to supplement the application as soon as I know, or reasonably should know that the information or document has become untrue, inaccurate or incomplete in any material aspect.

Furthermore Elizabeth Hunt sayeth nothing.

Dated July 30, 2021 at Burlington, Vermont



Elizabeth Hunt

Member, The Collaborative Surgery Center

Subscribed and sworn to before me this the 30th day of July, 2021.



Notary Public

My Commission Expires: 01/31/2023

OLIVIA CHANDLER
Notary Public, State of Vermont
Commission No. 0001725