

July 15, 2016

DELIVERED ELECTRONICALLY AND BY FIRST CLASS MAIL

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont 05620

Re: Docket No. GMCB-010-15con, Proposed Ambulatory Surgery Center
Response to Questions posed 4/5/2016 (Response to question #2 is **CONFIDENTIAL**)

Dear Donna:

Thank you for the questions in your letter of April 5, 2016. As requested, we have restated the questions in **bold** font and answered the questions in un-bolded font.

1. Exhibit 3 in the application listed the initial surgeries and procedures by specialty that Green Mountain Surgery Center intends to offer. Please resubmit this list adding CPT codes and update to include any additional surgeries/procedures that were not anticipated when the application was submitted.

The list of relevant CPT codes for surgical procedures that may be performed at the Green Mountain Surgery Center (GMSC) is attached as Exhibit 1.

To be clear, the initial procedure lists the Applicant provided as Exhibit 3 to its July 3, 2015 Application are lists of procedures typically done at ASCs for each of the specialties that the GMSC initially plans to host: Anesthesia (relevant to all specialties); Gastro-Intestinal, Orthopedics, Gynecology, General Surgery, and Pain Management. The initial procedure lists were provided by the Applicant's consultant, Avanza Healthcare Strategies. The lists were not derived from the actual surgical procedures Surgeons A through P have said they would do at the GMSC. Surgeons A through P have expressed interest in the project and provided historical practice data from 2013, 2014 and, at the GMCB's request, 2015, to support some of the Applicant's projections. However, based on the phrasing of this question, it seems that the GMCB believes that these lists represent only what this group of surgeons intends to do at the GMSC. This is not accurate.

Similarly, the list of CPT codes that the Applicant submits in response to this question represents typical procedures done by these specific types of specialists at ASCs throughout the country. GMSC's group of surgeons will initially perform a subset of the procedures on this list, but the Applicant does not have detailed projections on exactly which procedures/codes each surgeon plans to do, in part because the exact procedures they will perform at the GMSC will depend on in which pieces of equipment the GMSC chooses to invest. Different surgeries/procedures require different equipment. Those investment

decisions will not be made until after the GMSC is awarded a Certificate of Need, and they will ultimately be made by the Board of Managers, Medical Director, and the Administrator.

CPT codes do not provide a sound basis for granting, denying, or limiting a CON for a variety of reasons, including their inadequate nature as billing codes and because they are always in flux. In stark contrast, last month's release by CMS of its first ASC quality report is highly relevant because it shows that ASCs are able to provide high quality care commensurate with hospital outpatient departments.¹ Understanding the need in today's consumer-driven health care world to have solid measures of quality that are independently assessed by a trusted impartial entity, ASCs have been encouraging CMS to collect and assess quality data on their facilities since 2006. Starting in 2012, CMS implemented a quality data reporting system called the Ambulatory Surgery Center Quality Reporting Program (ASCQR), and in May 2016, the Agency published a report using data gathered in 2013/14. The report shows individual facility, state, and national results using 10 measures,² and allows consumers to compare hospitals, ASCs, and other types of health care facilities. It is the high standard of care that ASCs are measured by, and not a fixed set of CPT codes, that is relevant to the CON process.

CPT codes are also irrelevant to the CON process because Medicare-approved CPT codes for ASC surgical procedures are revised frequently. According to CMS, it publishes annual as well as quarterly updates to the list of procedures for which an ASC may be paid.³ Medicare first began reimbursing surgical procedures performed at ASCs in 1982, when it approved approximately 200 procedures for payment. In 1987, Medicare modified its ASC-approved list to use specific CPT codes and included 1,535 procedures. In 1999, Medicare expanded its list of ASC-approved CPT list to over 2,000 procedures. Today, the list stands at more than 3,400 procedures.⁴

Because of this steady increase as well as the deletions, revisions, and changes, it would be impossible to run an ASC business limited by a static list. Not only would the surgeons be prohibited from performing procedures approved after such a list-limited CON was granted, but the ASC would be at risk for losing revenue because it would be restricted to using what could be inaccurate and outdated codes for its Medicare, Medicaid, and third party insurance billing. The "fix" for this would be constant CON applications or revisions, an untenable solution due to expense and delay. Bluntly put, the CON process would never catch up to CMS's quarterly CPT code updates.

Finally, CPT codes are misleading. Vermont has adopted regulations that tease out the elements that go into a "public good" determination, Rule 4.402.3, and the only one that may be affected by CPT codes is

¹ *Ambulatory Surgical Center Quality Reporting Program*, Medicare.gov, <https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html> (last visited June 13, 2016).

² Patient Burn; Patient Fall; Wrong site, side, patient, procedure, implant; All cause hospital transfer, admission; prophylactic intravenous antibiotic timing; safe surgery checklist use; ASC volume data on selected ASC procedures; influenza vaccination coverage among health care personnel; appropriate follow up interval for normal colonoscopy in average risk patients; colonoscopy interval for patients with a history of adenomatous polyps-avoidance of inappropriate use.

³ Ctrs. for Medicare & Medicaid Servs., *Medicare Claims Processing Manual*, ch. 14 (2015), <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c14.pdf>

⁴ Medicare Payment Advisory Comm'n, *Report to the Congress: Medicare Payment Policy* 125 (2016), <http://www.medpac.gov/documents/reports/march-2016-report-to-the-congress-medicare-payment-policy.pdf>



“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....” Rule 4.402.3(f).

This factor goes to the heart of the hospitals’ presumed opposition to an ASC in the state. They argue⁵ that their economic self-interest is tantamount to the public good, and that any procedures performed at an ASC will reduce the hospitals’ ability to care for complicated patients. Hospitals may like to use CPT codes as evidence of duplication and adverse economic impact,⁶ but this is not apt. Surgeon A performs differently than Surgeon B, yet both are licensed (although not by CPT code) to practice and both may perform the same procedure and use the same CPT code to get paid by an insurer. But there is no duplication because each physician is unique and may be the right choice for some patients and not others. Similarly, no one argues that duplication exists in the hospitals of the state, even though they presumably use the same CPT codes for the same procedures. It is the geographical proximity, the infection rate, the size, expertise and equipment of the hospital, the surgeon’s credentialing, and other factors that are not captured by CPT codes that determine which hospital or surgery center a patient may go to for an outpatient procedure. Hospitals are not limited by CPT codes, whether through a CON or through Medicare certification.

2. Revise and resubmit the Confidential table by physician (submitted on January 22, 2016) to also include total procedure/surgery volumes for 2015. Change the last column titled “Total” to instead reflect the % surgeries/procedures projected to migrate to GMSC in year 1 of operation for each physician based on 2015 volumes.

This response is **CONFIDENTIAL**. Pursuant to the email dated January 11, 2016 from Michael Donofrio, General Counsel to the Green Mountain Care Board, the attached response to Question 2 is confidential and exempt from disclosure under 1 V.S.A. § 317(c)(9). It may be accessed only by the Interested Parties (and the members of the Interested Party Vermont Association of Hospitals and Health Systems) that executed the Confidentiality Agreement.

Please see the **CONFIDENTIAL** table, submitted as Exhibit 2.

Please let us know if you have any additional questions or need clarification regarding any of these responses.

Sincerely,



Eileen Elliott

⁵ Jill Berry Bowen, Opinion, *No to For-Profit Surgical Center*, Burlington Free Press (12:04 a.m. EDT April 11, 2016), <http://www.burlingtonfreepress.com/story/opinion/my-turn/2016/04/11/opinion-profit-surgical-center/82784680/>.

⁶ Certificate of Need Application, GMCB-010-15con (July 2, 2016); Letter from Anne E. Cramer, Attorney, Primmer Piper Eggleston & Cramer PC, on behalf of VAHHS (May 17, 2016).



cc: Judy Henkin, Esq., General Counsel, Green Mountain Care Board
Lauren Layman, Esq., Vermont Association of Health and Hospital Systems
Anne Cramer, Esq., Vermont Association of Health and Hospital Systems
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Jonathan Billings, V.P. of Planning & Community Relations, Northwestern Medical Center
Lila Richardson, Esq., Office of the Healthcare Advocate
Kaili Kuiper, Esq., Office of the Healthcare Advocate



GASTROENTEROLOGY

CPT Code	Description
45378	Diagnostic colonoscopy
45379	Colonoscopy w/fb removal
45380	Colonoscopy and biopsy
45381	Colonoscopy submucous njx
45382	Colonoscopy w/control bleed
45384	Colonoscopy w/lesion removal
45385	Colonoscopy w/lesion removal
45386	Colonoscopy w/balloon dilat
45388	Colonoscopy w/ablation
45389	Colonoscopy w/stent plcmt
45390	Colonoscopy w/resection
45391	Colonoscopy w/endoscope us
45392	Colonoscopy w/endoscopic fnb
45393	Colonoscopy w/decompression
45398	Colonoscopy w/band ligation
44388	Colonoscopy thru stoma spx
44390	Colonoscopy for foreign body
44391	Colonoscopy for bleeding
44394	Colonoscopy w/snare
44401	Colonoscopy with ablation
44402	Colonoscopy w/stent plcmt
44403	Colonoscopy w/resection
44404	Colonoscopy w/injection
44406	Colonoscopy w/ultrasound
44407	Colonoscopy w/ndl aspir/bx
44408	Colonoscopy w/decompression
44389	Colonoscopy with biopsy
44405	Colonoscopy w/dilation
44392	Colonoscopy & polypectomy
43193	Esophagosc rig trnso biopsy
43198	Esophagosc flex trnsn biopsy
43202	Esophagoscopy flex biopsy
78258	Esophageal motility study
78262	Gastroesophageal reflux exam
43130	Removal of esophagus pouch
43180	Esophagoscopy rigid trnso
43191	Esophagoscopy rigid trnso dx
43192	Esophagosc rig trnso inject
43193	Esophagosc rig trnso biopsy
43194	Esophagosc rig trnso rem fb
43195	Esophagoscopy rigid balloon
43196	Esophagosc guide wire dilat
43197	Esophagoscopy flex dx brush
43198	Esophagosc flex trnsn biopsy
43200	Esophagoscopy flexible brush
43201	Esoph scope w/submucous inj
43202	Esophagoscopy flex biopsy
43204	Esoph scope w/sclerosis inj
43205	Esophagus endoscopy/ligation
43206	Esoph optical endomicroscopy
43210	Egd esophagogastrc fndoplsty
43211	Esophagoscop mucosal resect
43212	Esophagoscop stent placement
43213	Esophagoscopy retro balloon
43214	Esophagosc dilate balloon 30
43215	Esophagoscopy flex remove fb
43216	Esophagoscopy lesion removal
43217	Esophagoscopy snare les remv
43220	Esophagoscopy balloon <30mm
43226	Esoph endoscopy dilation
43227	Esophagoscopy control bleed
43229	Esophagoscopy lesion ablate

GASTROENTEROLOGY

CPT Code	Description
43231	Esophagoscop ultrasound exam
43232	Esophagoscopy w/us needle bx
78261	Gastric mucosa imaging
49082	Abd paracentesis
49083	Abd paracentesis w/imaging
45300	Proctosigmoidoscopy dx
45303	Proctosigmoidoscopy dilate
45305	Proctosigmoidoscopy w/bx
45307	Proctosigmoidoscopy fb
45308	Proctosigmoidoscopy removal
45309	Proctosigmoidoscopy removal
45315	Proctosigmoidoscopy removal
45317	Proctosigmoidoscopy bleed
45320	Proctosigmoidoscopy ablate
45321	Proctosigmoidoscopy volvul
45327	Proctosigmoidoscopy w/stent
45330	Diagnostic sigmoidoscopy
45331	Sigmoidoscopy and biopsy
45332	Sigmoidoscopy w/fb removal
45333	Sigmoidoscopy & polypectomy
45334	Sigmoidoscopy for bleeding
45335	Sigmoidoscopy w/submuc inj
45337	Sigmoidoscopy & decompress
45338	Sigmoidoscopy w/tumr remove
45340	Sig w/tndsc balloon dilation
45341	Sigmoidoscopy w/ultrasound
45342	Sigmoidoscopy w/us guide bx
45346	Sigmoidoscopy w/ablation
45347	Sigmoidoscopy w/plcmt stent
45349	Sigmoidoscopy w/resection
45350	Sgmdsc w/band ligation
43870	Repair stomach opening
43886	Revise gastric port open
43887	Remove gastric port open
43888	Change gastric port open
44100	Biopsy of bowel
44312	Revision of ileostomy
44340	Revision of colostomy
44360	Small bowel endoscopy
44361	Small bowel endoscopy/biopsy
44363	Small bowel endoscopy

GENERAL SURGERY

CPT Code	Description
26951	Amputation of finger/thumb
26952	Amputation of finger/thumb
28810	Amputation toe & metatarsal
28820	Amputation of toe
28825	Partial amputation of toe
29800	Jaw arthroscopy/surgery
29804	Jaw arthroscopy/surgery
29805	Shoulder arthroscopy dx
29806	Shoulder arthroscopy/surgery
29807	Shoulder arthroscopy/surgery
29819	Shoulder arthroscopy/surgery
29820	Shoulder arthroscopy/surgery
29821	Shoulder arthroscopy/surgery
29822	Shoulder arthroscopy/surgery
29823	Shoulder arthroscopy/surgery
29824	Shoulder arthroscopy/surgery
29825	Shoulder arthroscopy/surgery
29827	Arthroscop rotator cuff repr
29828	Arthroscopy biceps tenodesis
29830	Elbow arthroscopy
29834	Elbow arthroscopy/surgery
29835	Elbow arthroscopy/surgery
29836	Elbow arthroscopy/surgery
29837	Elbow arthroscopy/surgery
29838	Elbow arthroscopy/surgery
29840	Wrist arthroscopy
29843	Wrist arthroscopy/surgery
29844	Wrist arthroscopy/surgery
29845	Wrist arthroscopy/surgery
29846	Wrist arthroscopy/surgery
29847	Wrist arthroscopy/surgery
29848	Wrist endoscopy/surgery
29850	Knee arthroscopy/surgery
29851	Knee arthroscopy/surgery
29855	Tibial arthroscopy/surgery
29856	Tibial arthroscopy/surgery
29860	Hip arthroscopy dx
29861	Hip arthro w/fb removal
29862	Hip arthro w/debridement
29863	Hip arthro w/synovectomy
29866	Autgrft implnt knee w/scope
29870	Knee arthroscopy dx
29871	Knee arthroscopy/drainage
29873	Knee arthroscopy/surgery
29874	Knee arthroscopy/surgery
29875	Knee arthroscopy/surgery
29876	Knee arthroscopy/surgery
29877	Knee arthroscopy/surgery
29879	Knee arthroscopy/surgery
29880	Knee arthroscopy/surgery
29881	Knee arthroscopy/surgery
29882	Knee arthroscopy/surgery
29883	Knee arthroscopy/surgery
29884	Knee arthroscopy/surgery
29885	Knee arthroscopy/surgery

GENERAL SURGERY

CPT Code	Description
29886	Knee arthroscopy/surgery
29887	Knee arthroscopy/surgery
29888	Knee arthroscopy/surgery
29889	Knee arthroscopy/surgery
29891	Ankle arthroscopy/surgery
29892	Ankle arthroscopy/surgery
29893	Scope plantar fasciotomy
29894	Ankle arthroscopy/surgery
29895	Ankle arthroscopy/surgery
29897	Ankle arthroscopy/surgery
29898	Ankle arthroscopy/surgery
29899	Ankle arthroscopy/surgery
29900	Mcp joint arthroscopy dx
29901	Mcp joint arthroscopy surg
29902	Mcp joint arthroscopy surg
20615	Treatment of bone cyst
21210	Face bone graft
21215	Lower jaw bone graft
21230	Rib cartilage graft
21235	Ear cartilage graft
64721	Carpal tunnel surgery
20526	Ther injection carp tunnel
29000	Application of body cast
29010	Application of body cast
29015	Application of body cast
29035	Application of body cast
29040	Application of body cast
29044	Application of body cast
29046	Application of body cast
29049	Application of figure eight
29055	Application of shoulder cast
29058	Application of shoulder cast
29065	Application of long arm cast
29075	Application of forearm cast
29085	Apply hand/wrist cast
29086	Apply finger cast
29105	Apply long arm splint
29200	Strapping of chest
29305	Application of hip cast
29325	Application of hip casts
29345	Application of long leg cast
29355	Application of long leg cast
29358	Apply long leg cast brace
29365	Application of long leg cast
29405	Apply short leg cast
29425	Apply short leg cast
29435	Apply short leg cast
29440	Addition of walker to cast

OBSTETRICS AND GYNECOLOGY

CPT Code	Description
11981	Insert drug implant device
11982	Remove drug implant device
11983	Remove/insert drug implant
12001	Repair superficial wound(s)
12002	Repair superficial wound(s)
12004	Repair superficial wound(s)
51701	Insert bladder catheter
51702	Insert temp bladder cath
52000	Cystoscopy
52260	Cystoscopy and treatment
56405	I & D of vulva/perineum
56420	Drainage of gland abscess
56440	Surgery for vulva lesion
56442	Hymenotomy
56740	Remove vagina gland lesion
56501	Destroy, vulva lesions, sim
56515	Destroy vulva lesion/s compl
56605	Biopsy of vulva/perineum
56606	Biopsy of vulva/perineum
56620	Partial removal of vulva
56700	Partial removal of hymen
56810	Repair of perineum
56820	Exam of vulva w/scope
57061	Destroy vag lesions, simple
57065	Destroy vag lesions, complex
57100	Biopsy of vagina
57105	Biopsy of vagina
57130	Remove vagina lesion
57135	Remove vagina lesion
57160	Insert pessary/other device
57170	Fitting of diaphragm/cap
57200	Repair of vagina
57240	Repair bladder & vagina
57250	Repair rectum & vagina
57260	Repair of vagina
57268	Repair of bowel bulge
57282	Colpopexy, extraperitoneal
57288	Repair bladder defect
57410	Pelvic examination
57420	Exam of vagina w/scope
57421	Exam/biopsy of vag w/scope
57452	Exam of cervix w/scope
57454	Bx/curett of cervix w/scope
57455	Biopsy of cervix w/scope
57456	Endocerv curettage w/scope
57460	Bx of cervix w/scope, leep
57461	Conz of cervix w/scope, leep
57500	Biopsy of cervix
57505	Endocervical curettage
57513	Laser surgery of cervix
57520	Conization of cervix
57522	Conization of cervix
57800	Dilation of cervical canal
58100	Biopsy of uterus lining
58120	Dilation and curettage

OBSTETRICS AND GYNECOLOGY

CPT Code	Description
58145	Myomectomy vag method
58146	Myomectomy abdom complex
58260	Vaginal hysterectomy
58262	Vag hyst including t/o
58290	Vag hyst complex
58292	Vag hyst t/o & repair, compl
58300	Insert intrauterine device
58301	Remove intrauterine device
58340	Catheter for hystero-graphy
58353	Endometr ablate, thermal
58541	Lsh, uterus 250 g or less
58542	Lsh w/t/o ut 250 g or less
58543	Lsh uterus above 250 g
58544	Lsh w/t/o uterus above 250 g
58545	Laparoscopic myomectomy
58550	Laparo-asst vag hysterectomy
58552	Laparo-vag hyst incl t/o
58553	Laparo-vag hyst, complex
58554	Laparo-vag hyst w/t/o, compl
58555	Hysteroscopy, dx, sep proc
58558	Hysteroscopy, biopsy
58559	Hysteroscopy, lysis
58561	Hysteroscopy, remove myoma
58562	Hysteroscopy, remove fb
58563	Hysteroscopy, ablation
58570	Tlh, uterus 250 g or less
58571	Tlh w/t/o 250 g or less
58573	Tlh w/t/o uterus over 250 g
58661	Laparoscopy, remove adnexa
58662	Laparoscopy, excise lesions
58671	Laparoscopy, tubal block
59120	Treat ectopic pregnancy
59150	Treat ectopic pregnancy
59151	Treat ectopic pregnancy
59812	Treatment of miscarriage
59820	Care of miscarriage
59840	Abortion
59841	Abortion
64435	N block inj, paracervical

RADIOLOGY AND OTHER TESTS

76817	Transvaginal us, obstetric
76830	Transvaginal us, non-ob
76831	Echo exam, uterus
76856	Us exam, pelvic, complete

ORTHOPAEDICS

CPT Code	Description
26951	Amputation of finger/thumb
26952	Amputation of finger/thumb
28810	Amputation toe & metatarsal
28820	Amputation of toe
28825	Partial amputation of toe
29800	Jaw arthroscopy/surgery
29804	Jaw arthroscopy/surgery
29805	Shoulder arthroscopy dx
29806	Shoulder arthroscopy/surgery
29807	Shoulder arthroscopy/surgery
29819	Shoulder arthroscopy/surgery
29820	Shoulder arthroscopy/surgery
29821	Shoulder arthroscopy/surgery
29822	Shoulder arthroscopy/surgery
29823	Shoulder arthroscopy/surgery
29824	Shoulder arthroscopy/surgery
29825	Shoulder arthroscopy/surgery
29827	Arthroscop rotator cuff repr
29828	Arthroscopy biceps tenodesis
29830	Elbow arthroscopy
29834	Elbow arthroscopy/surgery
29835	Elbow arthroscopy/surgery
29836	Elbow arthroscopy/surgery
29837	Elbow arthroscopy/surgery
29838	Elbow arthroscopy/surgery
29840	Wrist arthroscopy
29843	Wrist arthroscopy/surgery
29844	Wrist arthroscopy/surgery
29845	Wrist arthroscopy/surgery
29846	Wrist arthroscopy/surgery
29847	Wrist arthroscopy/surgery
29848	Wrist endoscopy/surgery
29850	Knee arthroscopy/surgery
29851	Knee arthroscopy/surgery
29855	Tibial arthroscopy/surgery
29856	Tibial arthroscopy/surgery
29860	Hip arthroscopy dx
29861	Hip arthro w/fb removal
29862	Hip arthro w/debridement
29863	Hip arthro w/synovectomy
29866	Autgrft implnt knee w/scope
29870	Knee arthroscopy dx
29871	Knee arthroscopy/drainage
29873	Knee arthroscopy/surgery
29874	Knee arthroscopy/surgery
29875	Knee arthroscopy/surgery
29876	Knee arthroscopy/surgery
29877	Knee arthroscopy/surgery
29879	Knee arthroscopy/surgery
29880	Knee arthroscopy/surgery
29881	Knee arthroscopy/surgery
29882	Knee arthroscopy/surgery
29883	Knee arthroscopy/surgery
29884	Knee arthroscopy/surgery
29885	Knee arthroscopy/surgery

ORTHOPAEDICS

CPT Code	Description
29886	Knee arthroscopy/surgery
29887	Knee arthroscopy/surgery
29888	Knee arthroscopy/surgery
29889	Knee arthroscopy/surgery
29891	Ankle arthroscopy/surgery
29892	Ankle arthroscopy/surgery
29893	Scope plantar fasciotomy
29894	Ankle arthroscopy/surgery
29895	Ankle arthroscopy/surgery
29897	Ankle arthroscopy/surgery
29898	Ankle arthroscopy/surgery
29899	Ankle arthroscopy/surgery
29900	Mcp joint arthroscopy dx
29901	Mcp joint arthroscopy surg
29902	Mcp joint arthroscopy surg
20615	Treatment of bone cyst
21210	Face bone graft
21215	Lower jaw bone graft
21230	Rib cartilage graft
21235	Ear cartilage graft
64721	Carpal tunnel surgery
20526	Ther injection carp tunnel
29000	Application of body cast
29010	Application of body cast
29015	Application of body cast
29035	Application of body cast
29040	Application of body cast
29044	Application of body cast
29046	Application of body cast
29049	Application of figure eight
29055	Application of shoulder cast
29058	Application of shoulder cast
29065	Application of long arm cast
29075	Application of forearm cast
29085	Apply hand/wrist cast
29086	Apply finger cast
29105	Apply long arm splint
29200	Strapping of chest
29305	Application of hip cast
29325	Application of hip casts
29345	Application of long leg cast
29355	Application of long leg cast
29358	Apply long leg cast brace
29365	Application of long leg cast
29405	Apply short leg cast
29425	Apply short leg cast
29435	Apply short leg cast
29440	Addition of walker to cast

PAIN MANAGEMENT

CPT Code	Description
20550	ligament injection
20551	tendon injection
20526	carpal tunnel injection
20612	ganglion aspiration
64455	Morton's neuroma injection
20601	US guided small joint injection
20606	US guided medium joint injection
20610	US large joint injection
24357	elbow, medial or lateral, percutaneous needle tenotomy (PNT),
26060	single digit, hand, percutaneous needle tenotomy (PNT)
26061	each additional digit, hand, percutaneous needle tenotomy (PNT)
27000	hip percutaneous needle tenotomy (PNT)
27306	hamstring, single percutaneous needle tenotomy (PNT)
27307	hamstring, multiple percutaneous needle tenotomy (PNT)
27605	Achilles percutaneous needle tenotomy (PNT); local anesthesia
27606	Achilles percutaneous needle tenotomy (PNT); general anesthesia
28010	single digit, toe, percutaneous needle tenotomy (PNT)
28011	each additional digit, toes, percutaneous needle tenotomy (PNT)
28008	Fasciotomy, foot and/or toe
28060	Fasciectomy, plantar fascia; partial (separate procedure)
23929	Unlisted procedure, shoulder PNT
24999	Unlisted procedure, elbow PNT
25999	unlisted procedure, wrist PNT
27599	Unlisted procedure, knee PNT
27899	Unlisted procedure, leg or ankle PNT
28899	Unlisted procedure, foot PNT
64415	brachial plexus, single
64416	brachial plexus, continuous
64417	axillary nerve
64418	suprascapular nerve
64445	sciatic nerve, single
64446	sciatic nerve, continuous
64447	femoral nerve, single
64448	femoral nerve, continuous
64449	lumbar plexus, continuous
64405	greater occipital nerve
64450	peripheral nerve
64420	intercostal nerve, single
64421	intercostal nerves, multiple
64425	ilioinguinal & iliohypogastric nerve
64440	trigeminal nerve
64505	sphenopalatine
76942	Ultrasound guidance for needle placement (eg., biopsy, aspiration, injection, localization device)
77003	Fluoroscopic guidance, spine
77002	Fluoroscopic guidance, extremities
62310	Interlaminar – cervical or thoracic:
62311	Interlaminar – lumbar or sacral (caudal):
64479	Transforaminal – cervical or thoracic (first level):
64480	Transforaminal – cervical or thoracic (each additional level):
64483	Transforaminal – lumbar or sacral (first level):
64484	Transforaminal – lumbar or sacral (each additional level):
64490	Intraarticular joint or medial branch block (MBB) – cervical or thoracic (1st level):
64491	Intraarticular joint or medial branch block (MBB) – cervical or thoracic (2nd level):
64492	Intraarticular joint or medial branch block (MBB) – cervical or thoracic (3rd level):
64493	Intraarticular joint or medial branch block (MBB) – lumbar or sacral (1st level):
64494	Intraarticular joint or medial branch block (MBB) – lumbar or sacral (2nd level):
64495	Intraarticular joint or medial branch block (MBB) – lumbar or sacral (3rd level):
64633	Radiofrequency ablation (RFA) – cervical or thoracic (1st joint):
64634	Radiofrequency ablation (RFA) – cervical or thoracic (each additional joint):
64635	Radiofrequency ablation (RFA) – lumbar or sacral (1st joint):
64636	Radiofrequency ablation (RFA) – lumbar or sacral (each additional joint):
22510	Vertebroplasty – Cervicothoracic (1st level):

PAIN MANAGEMENT

CPT Code	Description
22511	Vertebroplasty – Lumbosacral (<u>1st</u> level):
22512	Vertebroplasty – Each <u>additional level</u> of the above: +
22513	Kyphoplasty – Thoracic (<u>1st</u> level):
22514	Kyphoplasty – Lumbar (<u>1st</u> level):
22515	Kyphoplasty – Thoracic or Lumbar (<u>each additional</u> level): +
22513	Kyphoplasty – Thoracic (<u>1st</u> level):
22514	Kyphoplasty – Lumbar (<u>1st</u> level):
22515	Kyphoplasty – Thoracic or Lumbar (<u>each additional</u> level): +
63650	Percutaneous implant of electrode array:
63685	Insertion or replacement of pulse generator:
63655	Laminectomy for implant of neurostimulator electrode, paddle:
63685	Insertion or replacement of pulse generator:
63661	Removal of spinal neurostimulator percutaneous array(s):
63662	Removal of spinal neurostimulator paddle electrode:
63688	Removal of pulse generator:
L8680	implanted neurostimulator electrodes (each lead):
62291	Discogram / Discography – Cervical/Thoracic (<u>each</u> disc):
72285	Supervision & interpretation of fluoroscopy – Cervical/Thoracic (<u>each</u> disc):
62290	Discogram / Discography – Lumbar (<u>each</u> disc):
72295	Supervision & interpretation of fluoroscopy – Lumbar (<u>each</u> disc):

Form A – Verification Form

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

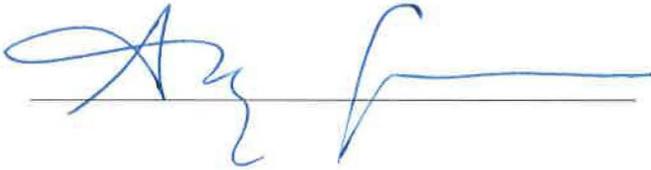
In re: ACTD LLC MULTI-SPECIALTY)	
AMBULATORY SURGERY CENTER)	Docket No. GMCB-010-15con
)	
)	
)	

Verification Under Oath – Responses and Supplemental Exhibit

Amy Cooper, being duly sworn, states on oath as follows:

1. My name is Amy Cooper. I am the manager of ACTD LLC. I have reviewed the Responses and Supplemental Exhibits being submitted with this Verification to support the Certificate of Need Application for the Green Mountain Surgery Center (“Responses”).
2. Based on my personal knowledge, after diligent inquiry, the information contained in the Responses is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading, except as specifically noted in the Responses.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Responses is based upon either my actual knowledge of the subject information or, where identified below, upon information reasonably believed by me to be reliable and provided to me by the individuals identified below who have certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading.
4. I have evaluated, within the 12 months preceding the date of this affidavit, the policies and procedures by which information has been provided by the certifying individuals identified below, and I have determined that such policies and procedures are effective in ensuring that all information submitted or used by ACTD LLC in connection with the Certificate of Need program is true, accurate and complete. I have disclosed to ACTD LLC all significant deficiencies, of which I have personal knowledge after diligent inquiry, in such policies and procedures, and I have disclosed to ACTD LLC any misrepresentation of facts, whether or not material, that involves management or any other employee participating in providing information submitted or used by ACTD LLC in connection with the Certificate of Need program.

5. The following certifying individuals have provided information or documents to me in connection with the Responses, and each such individual has certified, based on his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the certifying individual to be reliable, that the information or documents they have provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact necessary to make the statement made therein not misleading:
- a. Joan Dentler – Avanza Strategies; provided the CPT codes customarily performed at ASCs.
 - b. Physicians practicing in the area who wish to remain anonymous; provided the 2015 historical data underlying Question 2, and information relating to CPT codes.
6. In the event that the information contained in the Responses becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the Responses, as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



A handwritten signature in blue ink, appearing to read "Amy Cooper", is written over a horizontal line.

On June 14, 2016, Amy Cooper appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Notary public 

A handwritten signature in blue ink, likely of the notary public, is written over a horizontal line.

My commission expires February 10, 2019