

# The Shadowfax Corporation

## SMM (Summary of Material Modifications)

Official Name of Plan: The Shadowfax Corporation Employee Benefits Plan

Plan Sponsor: The Shadowfax Corporation

Employer Identification Number: 23-2368549

Plan Number: 503

### Material Modifications

Important changes to certain benefits under the plan will go into effect on March 1, 2021. In particular, coverage for the Group Medical shall be amended as follows:

#### **Schedule A**

In all other particulars, the Plan shall remain as otherwise in effect prior to this Amendment.

# Summary of Ancillary Medical Benefits

## Appendix B

1. [AleraGroupRx](#)
2. [OSS Direct](#)
3. [CancerCARE](#)
4. [KISx Card](#)

## AleraGroupRx

The prescription drug mail order benefit has been expanded to include AleraGroupRx, a program through CRX International.

An additional mail-order option is available through AleraGroupRx for all The Shadowfax Corporation eligible Participants enrolled in The Shadowfax Corporation's Plan. This program provides a 90-day supply of brand name prescription medications via pharmacies in Tier 1 countries (Canada, UK, and Australia). There is no out of pocket cost or enrollment fee to the eligible Participants, they have a \$0 co-pay for medications received from this program. This program does not include any experimental or investigational medications and does not replace the current PBM option for eligible Participants.

Covered medications can be located at [www.AleraGroupRx.com](http://www.AleraGroupRx.com) or contact customer support at 1-866-488-7874 for information about whether a prescription drug is covered.

AleraGroupRx is the claims administrator. Claims administrator contact information is:

CRX International  
1<sup>st</sup> Floor Hastings House, Balmoral Gap, Hastings, Christ Church, Barbados BB14034  
(866) 488-7874

The CRX benefit does not offer additional prescription drug coverage, rather it is an additional mail-order option for Participants enrolled in the prescription drug benefit. Please refer to the prescription drug benefit description for more information about the coverage offered under the plan.

## OSS Health Company Direct Program (CDP)

Participants in The Shadowfax Corporation medical plan may be eligible for services provided by the OSS Health Company Direct Program. Plan Participants can receive high-quality evidence-based orthopedic services through OSS Health facilities. To be covered under this program, Participants must be:

- (a) Receiving care provided by an OSS Health Provider;
- (b) Admitted to OSS Health for purposes of receiving the covered services under an approved treatment plan;
- (c) Covered (as primary plan) by The Shadowfax Corporation plan on date(s) of care.

Plan Participants will receive a program identification card along with access to a Patient Navigator to assist with appointment scheduling, treatment planning and care coordination throughout the duration of care through OSS Health.

Not all services provided by OSS Health are eligible through the OSS Company Direct Program and thereby, not covered under the program incentive structure. Services under the OSS Company Direct Program include:

- All physicians, anesthesiologists, other attending and consulting physician fees, beginning with the day of surgery;
- Preoperative visits after the decision is made for surgery;
- Intra-operative services that are normally a usual and necessary part of a surgical procedure;
- All additional medical or surgical services required of the surgeon during the postoperative period because of complications which do not require additional surgeries;
- Follow-up visits during the postoperative period that are related to the surgery;
- Postsurgical pain management by the surgeon;
- All other medically necessary services and supplies related to the Episode, except for those identified as exclusions. An "Episode" means care, such as radiology tests or post-surgical services, which are designated in the Surgical Procedures section below and align with covered OSS orthopedic surgical procedures; and
- All inpatient and outpatient professional services related to the Episode.

All services rendered through the OSS Health Company Direct program under the agreement with The Shadowfax Corporation will be covered and paid at 100% by the plan as outlined below.

Service costs will not apply to deductible or out-of-pocket for members. Additional incentives as outlined by The Shadowfax Corporation will be made available to members, as appropriate.

When appropriate, the OSS Health Company Direct Program may submit a revised treatment plan or establish a new treatment plan based on unforeseen circumstances. Examples of services which are outside the scope of the OSS Health Company Direct Program include, without limitation:

- Services required beyond the scope of covered services outlined in the original treatment plan;
- Services or conditions requiring transfer to a facility other than OSS Orthopaedic Hospital;
- Unforeseen complications;
- Clinical complications or other issues not associated with the orthopedic procedure; except that

Provider shall be responsible for treating any complications resulting from a clinical error by its staff (e.g. intraoperative fracture, device failure.);

- Additional services, resources or hospital stay beyond scope of treatment plan;
- Services covered under another cash bundled arrangement;
- Outpatient prescription drugs; or
- Professional charges for treatment in a skilled nursing facility.

The Shadowfax Corporation may provide coverage for qualified travel and lodging costs incurred by Plan Participants receiving treatment. Participants should discuss any needed travel and lodging costs with their benefits department for additional guidance.

The claims administrator contact information is:

OSS Health Company Direct  
1855 Powder Mill Rd, York PA 17402  
(717) 848-4800

### **Surgical Procedures**

#### **General Procedure Name - Inpatient**

ANTERIOR CERVICAL DISCECTOMY (1-3 lv)  
LUMBAR DECOMP/FUSION BONE  
LUMBAR DECOMP/FUSION INSTRUMENT  
LUMBAR DISCECTOMY, SINGLE/MULTIPLE LEVELS  
LUMBAR DECOMPRESSION, SINGLE/MULTIPLE LEVELS  
PARTIAL KNEE REPLACEMENT  
TOTAL HIP REPLACEMENT  
TOTAL KNEE REPLACEMENT  
SHOULDER REPLACEMENT

#### **Hospital Stay/Treatment**

3 days max / Physical Therapy  
3 days max/ Physical Therapy  
3 days max/ Physical Therapy  
3 days max/ Physical Therapy  
3 days max/ Physical Therapy  
3 days max/ Physical Therapy  
3 days max/ Physical Therapy  
3 days max/ Physical Therapy  
3 days max/ Physical Therapy

#### **General Procedure Name - Outpatient**

KNEE ARTHROSCOPIC SURGERY  
ACL RECONSTRUCTION  
ACL RECONSTRUCTION W/ALLOGRAFT  
PARTIAL KNEE REPLACEMENT  
ROTATOR CUFF REPAIR - OPEN  
ROTATOR CUFF REPAIR - ARTHROSCOPIC  
FUSION OF FOOT BONES  
HIP ARTHROSCOPY  
LUMBAR DISCECTOMY  
LUMBAR DISCECTOMY, MULTIPLE LEVELS  
LUMBAR DECOMPRESSION, SINGE LEVEL  
LUMBAR DECOMPRESSION, MULTIPLE LEVELS  
IMPLANT NEUROELECTRODES  
EMDOSCOPIC CARPAL TUNNEL RELEASE  
CARPAL TUNNEL RELEASE

#### **Treatment**

Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy  
Physical Therapy

GANGLION EXCISION	Physical Therapy
TRIGGER FINGER RELEASE	Physical Therapy
FRACTURE - CLOSED REDUCTION AND CAST	Physical Therapy
FRACTURE - SURGICAL ROD OR PLATE	Physical Therapy
FRACTURE - PERCUTANEOUS PINNING	Physical Therapy
FRACTURE - SIMPLE OPEN REDUCTION	Physical Therapy

**Injection**

CORTISONE INJECTION	
PAIN MGMT - LUMBAR EPIDURAL STEROID INJECTION	Physical Therapy
PAIN MGMT - CERVICAL EPIDURAL STEROID INJECTION	Physical Therapy
PAIN MGMT - LUMBAR SYMPATHETIC BLOCK	Physical Therapy
PAIN MGMT - STELLATE GANGLION BLOCK	Physical Therapy
PAIN MGMT - EPIDURAL BLOOD PATCH	Physical Therapy

***\*Physical therapy time will vary from patient to patient***

**Radiology**

MRA, Angiography  
 MRI, SPINE; WITH AND WITHOUT CONTRAST  
 MRI, PELVIS; WITH AND WITHOUT CONTRAST  
 MRI, ARM OR FOREARM; WITH AND WITHOUT CONTRAST  
 MRI, SHOULDER, ELBOW, OR WRIST; WITH AND WITHOUT CONTRAST  
 MRI, THIGH OR CALF; WITH AND WITHOUT CONTRAST  
 MRI, HIP, KNEE, OR ANKLE; WITH AND WITHOUT CONTRAST  
 MRI, BRAIN; WITH AND WITHOUT CONTRAST  
 CTA, ANGIOGRAPHY  
 CT SCAN, SPINE; WITH AND WITHOUT CONTRAST  
 CT, SOFT TISSUES OF NECK; WITH AND WITHOUT CONTRAST  
 CT, BRAIN; WITH AND WITHOUT CONTRAST  
 CT, EYES, EARS, FACE, OR SINUSES; WITH AND WITHOUT CONTRAST  
 CT SCAN, CHEST; WITH AND WITHOUT CONTRAST  
 CT, ABDOMEN AND PELVIS; WITH AND WITHOUT CONTRAST  
 CT, UPPER/LOWER EXTREMITY JOINT OR ARM; WITH AND WITHOUT CONTRAST  
 ULTRASOUND, HEAD AND NECK  
 ULTRASOUND, ABDOMEN COMPLETE  
 ULTRASOUND, ABDOMEN LIMITED  
 ULTRASOUND, RETROPERITONEAL COMPLETE (RENAL & BLADDER)  
 ULTRASOUND, RETROPERITONEAL LIMITED (SINGLE ORGAN, AORTA, OR RENAL)  
 ULTRASOUND, SOFT TISSUE MASS OR FOREIGN BODY  
 ULTRASOUND, THYROID  
 CAROTID DUPLEX SCAN  
 ULTRASOUND, BILATERAL ARM OR LEG VEINS  
 ULTRASOUND, ONE-SIDE ARM OR LEG VEINS  
 GENERAL X-RAY (PER BODY PART)

## CancerCARE+

### Pareto CancerCARE+ Program Coverage

The Plan provides benefit coverage for evidence-based cancer care services provided at local, regional and national cancer programs. In order to obtain the best outcomes for Participants, the Plan employs INTERLINK's CancerCARE Program with specialized care coordination nurses, McKesson Clear Value Plus with Value Pathways powered by NCCN<sup>®</sup> and NCCN Clinical Practice Guidelines in Oncology<sup>®</sup>. To be eligible for enhanced Plan benefits, all Participants with a cancer diagnosis must as soon as reasonably possible call the CancerCARE program at **877-640-9610** and complete registration.

CancerCARE Benefits	
Preferred Providers Compliant Benefit	Non-Compliant Benefit
<ul style="list-style-type: none"> <li>• Standard Benefits Apply</li> <li>• Participants choosing not to travel to a COE Network Provider for complex care, but receiving care in concordance to a Value Pathway or NCCN Guideline<sup>®</sup></li> <li>• Clinical Trials as defined below</li> <li>• Participants receiving cancer care when a Value Pathway does not exist if Clear Value Participation has been achieved with NCCN Guideline<sup>®</sup> concordance or Plan-approved deviation</li> <li>• CancerCARE Second Opinion benefits at 100% of CancerCARE Allowable</li> <li>• Travel Benefits as defined below</li> </ul>	<ul style="list-style-type: none"> <li>• Standard Benefits Apply</li> </ul>

#### DEFINITIONS:

**CancerCARE Allowable:** For inpatient and outpatient hospital and professional services, CancerCARE Allowable means billed charges for Covered Expenses provided in compliance with the CancerCARE Program, minus non-covered services and supplies, negotiated price concessions, discounts and professional charges beyond Customary and Reasonable Amounts for such services. Once treatment is authorized by the Plan for services from a COE Network Provider, payment to the provider will be paid at the applicable benefit reimbursement percentage based on the applicable contract allowable.

**CancerCARE Program:** A comprehensive cancer management program operated by INTERLINK, which employs care coordinator nurses to monitor care and coordinate care at COE Network Providers for appropriate Participants.

**National Comprehensive Cancer Network (NCCN®):** An alliance of the nation’s most prominent hospitals that review outcome information for cancer treatments, publish evidence-based NCCN Guidelines® and update them as needed.

**NCCN Guidelines®:** NCCN® disease-specific, committee recommended, evidence-based treatment processes for specific cancers with integrated drugs, dosing and biologics recommendations.

**Value Pathway:** Optimal course of treatment created by the input of patient specific clinical facts into the McKesson Clear Value Plus application which utilizes NCCN Guidelines®. Each Value Pathway has been based on efficacy, toxicity and cost, providing value to the Participant and the Plan.

**COE Network Provider:** A cancer center, hospital or other institution, physician or ancillary provider that has been designated by the CancerCARE Program to provide complex cancer care services. COE Network Providers must have their designation as a National Cancer Institute (NCI) Cancer Center or NCCN® Covered Person institution and be a Participating Provider with the network indicated on your identification card.

**Compliant Benefit Level:** A Participant’s status obtained when the Participant 1) has completely registered into the CancerCARE Program; 2) the treatment is deemed concordant to a Value Pathway; and 3) the provider’s office has achieved Clear Value Participation. If all the above conditions have been met, and there is no Value Pathway available, treatment must be concordant with NCCN Guidelines®, or the care plan must be deemed consistent with evidence-based medicine by CancerCARE. Participants that are directed by CancerCARE to and receive care from a COE Network Provider shall be deemed Compliant. This status is reported by the CancerCARE Triage Center to the Plan.

**Non-Compliant Benefit:** If the Participant does not 1) register and participate with the CancerCARE Program, 2) achieve a Compliant Benefit Level, or 3) attend a Participating Provider, the Plan’s standard benefits apply as outlined within the Schedule of Benefits section.

**Clear Value Participation:** In order to determine courses of care, testing occurs and the results of those tests (Clinical Facts) are used to determine any applicable Value Pathways. Clear Value Participation requires the provider to: 1) submit Clinical Facts to CancerCARE when care is being planned; 2) consider Value Pathways as treatment options; and 3) confirm with CancerCARE the optimal Value Pathway course of care will be utilized.

**Case Management Recommendation:** Alternate providers may be identified and recommended by a CancerCARE Program Nurse as a cost effective alternative if there is no reduction in the quality of care. In these instances, alternate providers will be reimbursed at the applicable CancerCARE Benefit Level currently in effect with the existing provider.

**COE Referral:** CancerCARE provides benefits and support for all cancer diagnoses, but Participants with a diagnosis or condition that is considered rare, aggressive or complex will be evaluated for referral to a COE Network Provider. Such diagnoses or conditions are evaluated and determined by the CancerCARE Medical Team in consultation with a Medical Advisory Board and other relevant medical literature. These diagnoses and conditions are reviewed and revised periodically, please contact CancerCARE for



details regarding what cancer diagnoses or conditions are currently considered rare, aggressive or complex.

**ADDITIONAL PROVISIONS:**

**Registration Requirement:** Upon diagnosis of cancer of any type, Participants must call the CancerCARE program at 877-640-9610 for registration into the Program. Failure to register with the CancerCARE Program will prevent the Covered Person from receiving enhanced CancerCARE benefits.

**COE Travel Benefits:** The Plan provides a maximum travel and lodging benefit up to \$10,000 per Participant per lifetime. Travel benefits will only apply for Participants with cancer diagnoses or conditions as described within the COE Referral provision that have been directed to a COE Network Provider by the CancerCARE Program. The COE Network Provider location must be at least 50 miles from the Participant's home. Travel and lodging assistance shall be coordinated by the CancerCARE Program. While receiving care at a COE Network Provider, the Plan will reimburse lodging, meals and incidentals. The Plan covers travel costs (coach air, train or mileage at Internal Revenue Service "IRS" Standard Mileage Rate for travel by car) for the Participants plus one companion if the Participant is an adult (18 or older), or up to two companions if the Participant is less than 18. The benefit is subject to INTERLINK's CancerCARE Program coordination and approval guidelines.

**CancerCARE Second Opinion:** The Plan provides coverage for a CancerCARE Second Opinion through utilization of the COE Network Providers, which may include a review of the diagnosis, review of the treatment plan or both. Second Opinions may require travel to a COE Network Provider to qualify for benefits. A Second Opinion may consist solely of having pathology slides reviewed by a specialized lab or may include other services. Molecular testing is a Covered Expense when coordinated by a CancerCARE Program Nurse.

**Clinical Trial Benefits:** The Plan provides Clinical Trial coverage for Routine Patient Costs consistent with the Routine Patient Costs for Approved Clinical Trials provision within the Medical Expense Benefits section.

Routine Patient Costs shall be reimbursed at the Compliant Benefit level, provided that the Clinical Trial: (1) is provided at a CancerCOE Provider and (2) is a Phase 1-4 Clinical Trial, that has been approved and coordinated by a CancerCARE Program Nurse. Otherwise, Clinical Trial Routine Patient Costs shall be reimbursed per standard plan benefits as outlined by the Schedule of Benefits section.

Participants are encouraged to contact CancerCARE at 877-640-9610 for further information on Clinical Trial coverage.

**Questions:** If there are any questions regarding coverage or a specific provision of the CancerCARE Program, please contact the Plan Administrator or the CancerCARE Program at 877-640-9610.

## KISx Card

Participants enrolled in The Shadowfax Corporation Health plan may participate in the KISx Card Services program.

**“KISx Card Services”:** “KISx Card Services” is comprised of specific health care providers that have agreed with the Plan to provide discounts on certain services and treatments. The KISx Card Providers meet the same professional standards as other network providers. If you receive KISx Card Services, which are otherwise covered by the Plan, you may be eligible for an incentive through the Plan Sponsor. For incentive applicable to you and your plan please contact your Plan Sponsor or KISx Card, LLC at 877-GET-KISX.

“KISx Card Administrator” or “KCA” means KISx Card, LLC Claims for services provided by KISx contracted providers, in order to enjoy the benefits of the KISx Card Services program, must be submitted to the KCA. See “KISx Contracted Providers” in the “Claim Procedures; Payment of Claims” section for more information.

### **KISx Contracted Providers**

The Plan has made available a benefit called “Keep It Simple Surgery” (or “KISx”). KISx Card Services is comprised of specific health care providers that have agreed with the Plan to provide discounts on certain elective services and treatments (“KISx Card Services”). The KISx Card Services program is administered by KISx Card, LLC (also referred to as “KISx Card Administrator” or “KCA”).

Plan Participants with anticipated upcoming medical and surgical expenses can contact KCA at 877-GET-KISX or [www.getkix.com](http://www.getkix.com) for a list of KISx contracted providers. Any claims incurred at a KISx contracted provider, as well as any internal appeals relating to KISx services, should be submitted to KCA for processing. KISx providers receive pre-negotiated bundled payments for their services. There is no out of pocket cost or enrollment fee for eligible Participants.

KISx Card services must be medically necessary treatments.

KISx Card, LLC  
1 Kacey Court, Suite 100  
Mechanicsburg, PA 17055  
877-GET-KISX

Any claims which are not submitted to KCA for processing will not be afforded the benefits of the KISx program, including any reduction in copayment, deductible or coinsurance requirements.

### **KISx Appeals**

All internal appeals for services rendered by KISx Contracted Providers and processed by KCA should be submitted to KCA at:

KISx Card, LLC

1 Kacey Court, Suite 100  
Mechanicsburg, PA 17055  
877-GET-KISX

All other appeal procedures, requirements, and time limits apply as provided in the Plan.

The listing of procedures referenced in Exhibit B act as a summary of elective procedures available through the KISx program at the current time. Procedure availability can vary throughout the country. If we do not have a facility that is within a reasonable distance, certain procedures may not be available until we are able to get facilities on board. New procedures may be added at any time without notice. Check [www.getkix.com](http://www.getkix.com) or call 877-GET-KISX to see if your procedure is covered in your area.

Pediatric Surgeries are generally not covered through this program.

#### **KISx Card Procedures**

KISx Card procedures do not require pre-certification.

## Exhibit B

### Arthroscopy - General

- Knee (Arthroscopy) - Diagnostic with or without synovial biopsy
- Knee (Arthroscopy) - with lateral release or Microfracture
- Shoulder (Arthroscopy) - Surgical, Capsulorrhaphy
- Elbow (Arthroscopy) - Diagnostic with or without synovial biopsy
- Wrist (Arthroscopy) - Diagnostic with or without synovial biopsy
- Hip (Arthroscopy) - Simple
- Ankle (Arthroscopy)
- Bilateral Knee Arthroscopy

### Ear, Nose & Throat

- Bilateral Myringotomy with Tubes
- Bone Anchored Hearing Aid Device (BAHA: Includes Device)
- Foreign Body Removal
- Inner Ear - Stapedectomy
- Mastoidectomy (Simple)
- Myringoplasty
- Ossiculoplasty
- Tymp-Mastoid
- Tympanoplasty
- Bilateral Submucosal Resection of Turbinates
- Septoplasty
- Sinus/Turbinates Bilateral (Simple)
- Nasal Fracture Complex Open
- Nasal Fracture Simple Closed
- Biopsy or Excision of Lymph Nodes(s); Open, Deep Cervical Nodes(s)
- Parotidectomy
- Thyroglossal Duct Cyst Excision

### Foot & Ankle

- Achilles Repair
- Tarsal Tunnel Release
- Brostrom Repair, secondary, disrupted ligament, ankle, collateral
- Bilateral Bunionectomy
- Bunionectomy
- Hammertoe (1)
- Hammertoe (2)
- Hammertoe (3)
- Arthrodesis, Great Toe; Metatarsophalangeal Joint
- Plantar Fasciotomy / Tarsal Tunnel
- Osteotomy Partial Excision
- Gastrocnemius Recession
- Plantar Fasciotomy
- Neuroma Excision

### Fractures

- Closed Reduction and Casting
- Percutaneous Pinning - Finger 1-2 Pins
- Simple Fracture Requiring Open Reduction
- Complex (includes rodding Humerus/Tibia/Femur)

### General Surgery

- Axillary Node Dissection
- Hemorrhoidectomy
- Biopsy or Excision Open Deep Axillary Nodes
- Laparoscopic Cholecystectomy (Gall Bladder Removal)
- Incisional Hernia Repair
- Epigastric Hernia Repair
- Inguinal Hernia Repair
- Umbilical Hernia Repair
- Ventral Hernia Repair
- Pilonidal Cyst Removal
- Laparoscopic Appendectomy

### GI

- Colonoscopy and EGD
- EGD
- Colonoscopy

### GU

### Knee

- Anterior Cruciate Ligament Repair (Arthroscopic)
- Anterior Cruciate Ligament Repair with Allograft (Arthroscopic)
- Posterior Cruciate Ligament Repair (Arthroscopic)
- Medial Collateral Ligament (Arthroscopic)
- Tibial Tubercle Osteotomy (Arthroscopic)
- Complete Synovectomy (Arthroscopic)
- Chondroplasty
- Medial & Lateral Meniscectomy (Arthroscopic)
- Total Knee Arthroplasty (Knee Replacement)

### Shoulder

- Open Rotator Cuff Repair (Shoulder)
- Shoulder Manipulation (with anesthesia)
- Repair Pectoralis Muscle Rupture
- Bankart Stabilization (Shoulder)
- Distal Clavicle Excision (Shoulder)
- Rotator Cuff Repair (Arthroscopic)
- Extensive debridement (Shoulder)
- Subacromial Decompression (Arthroscopic)
- Total Shoulder Arthroplasty / Replacement

### Spine

- Microdiscectomy
- Lumbar Laminectomy
- Anterior Cervical Discectomy with Fusion, 1 level (includes hardware)

- Thyroidectomy Total Thyroid Lobectomy, Unilateral; with Contralateral Subtotal Lobectomy, including Isthmusectomy
- Thyroidectomy Total Thyroid Lobectomy, Unilateral; with or without Isthmusectomy
- Thyroidectomy Partial Thyroid Lobectomy, Unilateral; with or without Isthmusectomy
- Thyroidectomy, Complex
- Adenoidectomy
- Adenoidectomy and BMT
- Tonsillectomy
- Tonsillectomy / BMT
- Tonsillectomy and Adenoidectomy and BMT
- UPP
- Frenulectomy
- Esophagoscopy With or Without Dilatation/Biopsy
- Diagnostic Laryngoscopy with Biopsy
- Tonsillectomy and Andenoidectomy

#### Elbow

- Bursectomy (Elbow)
- Distal Biceps Re-attachment (Includes Hardware)
- Ulnar Nerve Transposition / Epicondylectomy

- Anterior Repair
- Cystoscopy for Stone / Stent Placement
- Cystoscopy with Pyelography
- Epididymectomy – Partial
- Epididymectomy – Total
- Hydrocelectomy
- Laser Transurethral Resection of Prostate
- Mini-Arc Urethral Suspension
- Posterior Repair
- Transurethral Resection, Bladder Tumor
- Transurethral Resection, Prostate

#### Hardware Removal

- Complex
- Simple

#### Hip

- Hip Arthroscopy (Simple)
- Hip Arthroscopy (Complex)
- Total Hip Arthroplasty (Hip Replacement, includes implants)

#### Imaging

- MRI
- CT Scans
- PET Scans
- Arthrograms
- X-ray in conjunction with MRI/CT

- Anterior Cervical Discectomy with Fusion, 2 level (includes hardware)

#### Wrist & Hand

- Carpal Tunnel Release (Open)
- Dupuytren's Contracture
- Trigger Finger
- Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
- Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting
- Ganglion Excision
- Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
- Suspensionplasty, Arthroplasty, interposition, intercarpal or carpometacarpal joints