



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY


100 NORTH UNION STREET, SUITE 870

MONTGOMERY, ALABAMA 36104

MEMORANDUM

DATE : March 19, 2021

TO: All Interested Parties

FROM: Emily T. Marsal 
Executive Director

SUBJECT: Reviewability Determination Request (RV2021-011)

The attached request for a reviewability determination has been received. Any affected person may file written comments regarding this request, per 410-1-7-.02 of the *Alabama Certificate of Need Program Rules and Regulations*, by April 30, 2021.

Pursuant to ALA. ADMIN. CODE r 410-1-3-.09, all documents to be filed with the Agency must be submitted to shpda.online@shpda.alabama.gov in PDF, text searchable format.

Enclosure: see attached

Mar 05 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

March 5, 2021

Via email: shpda.online@shpda.alabama.gov

**Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, AL 36130-3025**

Re: Non-Reviewability Determination Request for Parker Cornea, Inc.

Dear Ms. Marsal:

On behalf of Parker Cornea, Inc., we are writing pursuant to Ala Admin Code Rule 410-1-7-.02 to request a determination of non-reviewability in accordance with the Alabama State Health Planning and Development Agency's certificate of need (CON) program rules and regulations. Specifically, we respectfully request a determination of non-reviewability regarding the operation of an office based surgery suite in our office located at 700 18th St. South, Suite 711, Birmingham, AL 35233.

Parker Cornea, Inc. is a physician owned practice entirely owned by John S. Parker, Sr., MD and John S. Parker, Jr., MD. The service area of our request is ostensibly Birmingham, AL, but we draw the majority of our patients from other parts of our state as well as from throughout the southern United States.

Healthcare services currently offered in the Parker Cornea office include: cataract/lens implant surgery, keratoplasty, and micro-invasive glaucoma surgery. We are not proposing to add additional services; we are proposing to make our services available to additional numbers of insured patients.

No new equipment or construction is needed. We are using our current office space and no additional leased space is required. We are employing our existing staff, and no new employees are required.

The purpose of this letter is to demonstrate that our request falls within the criteria of the Physician Office Exemption and beneath the threshold established for CON review. Offices of private physicians are not "healthcare facilities" per Ala Code 22-21-260(6), and "health services" do not include "the lawful practice of any profession or vocation conducted independently of a healthcare facility and in accordance with applicable licensing laws of the state" under Ala Code 22-21-260(6).

The criteria adopted by the Alabama Supreme Court for the Physician Office Exception in Ex parte Sacred Heart Health Systems, Inc. – So.3d– (Ala 2012) are as follows:

1. The proposed services are to be provided, and the related equipment used, exclusively by the physicians identified as owners or employees of the physicians' practice for the care of their patients.
2. The proposed services are to be provided, and related equipment used, at any office of such physicians.
3. All patient billings related to such services are through, or expressly of behalf of, the physicians' practice.
4. The equipment shall not be used for inpatient care, nor by, through or on behalf of a healthcare facility.

Parker Cornea, Inc. meets the four requirements set forth by the Alabama Supreme Court as follows:

1. Procedures will be performed only by physician owners or physicians employed by Parker Cornea, Inc. and the related equipment shall be used exclusively by the physicians identified as owners or employees.
2. All procedures will be performed in the private physician office of Parker Cornea, Inc. currently located at 700 18th Street South, Suite 711, Birmingham, AL 35233. All equipment necessary for the performance of the procedures will be used only in the office of Parker Cornea, Inc.
3. The patient billing related to such services are through, or expressly on behalf of the private physician office of Parker Cornea, Inc.
4. At no time will the equipment identified for the performance of the office-based procedures provided in this letter be used for inpatient care, nor by, through or on behalf of a healthcare facility.

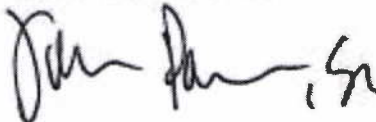
Based on the above, our proposed non-reviewability designation conforms with the criteria adopted by the Alabama Supreme Court for application of the Physician Office Exemption. We respectfully request that the Alabama State Health Planning and Development Agency grant a determination of non-reviewability to Parker Cornea, Inc. for use as described above.

No healthcare facilities or HMOs have any financial interest in Parker Cornea, Inc. An electronic payment of \$1000.00 for the filing fee with respect to this request will be sent today via the SHPDA online payment portal.

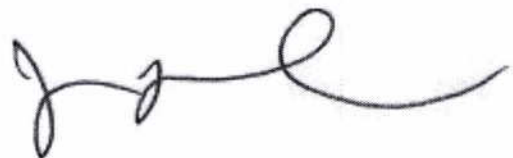
Please do not hesitate to contact us at 205-933-1077 with any questions. Thank you for your consideration.

Sincerely,

John Parker, Sr., MD



John Parker, Jr., MD



Affirmation of Requesting Parties:

The undersigned, being first duly sworn, hereby make oath or affirm that they, sole owners of Parker Cornea, Inc., have knowledge of the facts in this request, and to the best of their information, knowledge and belief, such facts are true and correct.

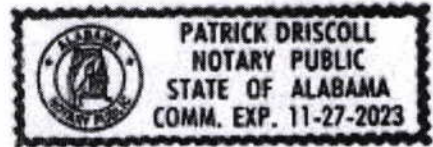
Affiants: Jan Parker, Sr.

[Signature] (SEAL)

SUBSCRIBED AND SWORN to before me this 5th day of MARCH 2021

Notary Public [Signature]

My commission expires: 11-27-2023



Mar 15 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

March 15, 2021

Via email: shpda.online@shpda.alabama.gov

Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, AL 36130-3025

Re: Non-Reviewability Determination Request for Parker Cornea, Inc.

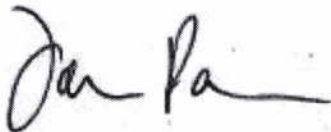
Dear Ms. Marsal:

Regarding the six questions you posed in your response of 3/12/21:

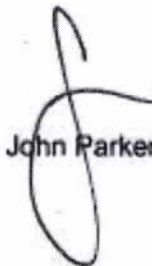
1. The services are provided in Jefferson County.
2. The specified procedures are performed at 700 18th St. S., Ste 711, Birmingham, AL 35233.
3. An attached superbill lists every CPT code currently performed by Parker Cornea physicians, that is, "the entirety of healthcare services currently offered by Parker Cornea."
4. If costs are estimated at \$800/case, and we average 7 cases/week, we can estimate that operating costs will be about $7 \times 800 \times 50 = \$280,000$ for the first year.
5. General anesthesia is not used at any time.
6. Ocular emergencies will be handled in the adjoining UAB Callahan Eye Hospital where all Parker Cornea physicians have admitting privileges. Life threatening emergencies will be handled via the emergency 911 network and the UAB ER where Parker Cornea physicians are members of the Consulting Staff. Anesthesia monitoring, vital signs monitoring, oxygen and AED will be used as necessary prior to emergency transfer.

Please let us know if we can provide any further information.

Sincerely,



John Parker, Sr., MD



John Parker, Jr., MD

FAX: (205) 930-0829
 FEDERAL TAX ID:
 473756681

SUITE 711
 700 18TH ST SO
 BIRMINGHAM, AL 35233-3802

Mar 15 2021

Patient Name & Address:		DOB: [REDACTED]	INS1: [REDACTED]	VISIT #: [REDACTED]
SEX: [REDACTED]		INS2: [REDACTED]	CHART #: [REDACTED]	[REDACTED]
HOME PHONE: [REDACTED]		COPAY: \$0.00 / \$0.00		PRE AUTH #: [REDACTED]
		PT BALANCE: \$0.00		INS BALANCE: [REDACTED]

Procedure Codes

CODE	DESCRIPTION	MOD	CODE	DESCRIPTION	MOD	CODE	DESCRIPTION	MOD	CODE	DESCRIPTION	MOD
EYE VISITS											
92002	EYE EXAM, NEW INT		99241	OFFICE CONSULT 20 M		68440	P SNIP* E3 E4 E1 E2		65920	IOL REMOVAL	
92004	EYE EXAM, NEW PATIEN		99242	OFFICE CONSULT 30 M		65778	PRDKERA R L		66825	IOL REPOSITION R L	
92012	EYE EXAM, ESTAB INT		99243	OFFICE CONSULT 40 M		67505	RETROB ALC INJ* R L		66682	IRIS REPAIR MOCAN SU	
92014	EYE EXAM, ESTAB COMP		99244	OFFICE CONSULT 60 M		68200	SUB-CONJ INJ* R L		0191T	ISTENT R L	
92015	REFRACTION		99245	OFFICE CONSULT 80 M		67515	SUB-TENON'S INJ* R L		65400	KERATECTOMY R L	
INPATIENT EXAM											
STD CODES											
68100	BIOP CONJ 10 R L		99221	INITIAL HOSPITAL CARE		65286	TISS AD APPL R L		65730	KERATOPLASTY R L	
99212	RTN VISIT, EXPANDED		99222	INITIAL HOSPITAL CARE		LASER CENTER PROCEDURES					
99204	NEW VISIT, MOD COMP		65410	BIOP CORNEA* R L		67210	FOCAL R L		65710	KERATOPL LAM R L	
99205	NEW VISIT, COMPLEX		99223	INITIAL HOSPITAL CARE		66821	CAPSULOTOMY R L		65755	KERATOPL, PSEU R L	
99421	TELEMED < 11 MIN		99232	SUBSEQ HOSP CARE 25		66761	IRIDOTOMY R L		65770	KERATOPROSTHESES R	
99422	TELEMED 11- 20 MIN		99233	SUBSEQ HOSP CARE 35		67228	PRP R L		65426	PTERYGIUM EX R L	
99423	TELEMED > 20 MIN		99238	HOSPITAL DISCHARGE		65855	SLT 10 R L		65772	RELAXING INCIS R L	
SPECIAL SERVICES											
92285	ANT SEGMENT PHOTO		99239	>30 MIN HOSP D/C		OR PROCEDURES					
76519	A SCAN (-26) R L		OFFICE PROCEDURES			66185	AQ SHUNT REV R L		65285	REPAIR GLOBE W UVEA	
76512	B SCAN		67700	BLEPHAROTOMY* R L		65779	AM MEM 1 LAYER		65870	SYNECHOL ANT R L	
92025	CORNEAL MAP		65205	CONJ FB REM* R L		65780	AM MEM MULTY LAYER R		67880	TARSORRHAPHY R L	
92020	GONIOSCOPY		0402T	CXL* R L		68362	CONJ FLAP, TOTAL R L		67882	TARS W TARS TR R L	
92132	OCT ANT SEG		65430	K EP, DIAG REM* R L		68320	CONJ GRAFT R L		59986	TORIC IOL	
92133	OCT NERVES		65435	K EP, THER RBM* R L		66710	CYCLOPHOTO EXT R L		65170	TRAB R L	
92134	OCT RETINA		65222	K FB REMOVAL* R L		66984	ECCE/IOL R L		66172	TRAB PR SUR R L	
92136	OP BION R L		65600	K STROMAL RNJ R L		66982	ECCE/IOL COMP R L		67036	VITRECT, TPPV R L	
92250	OPTOS/ FUNDUS PHOT		67820	EPILA* E3 E4 E1 E2		65436	EDTA SCRUB R L		66250	WOUND REVISION R L	
76514	PACHYMETRY		67800	EXCIS CHAL* R L		92019	EUA LIMITED		66183	XEN EXT AP R L	
92286	SPECULAR MICRO		67840	EXCIS LID LES* R L		65820	GONIOTOMY R L				
92083	VISUAL FIELD EXAM		66020	INJECT AIR INTO AC R		65785	INTACS R L				
CONSULT											
			65800	PARACENTESIS* R L		67028	INTRAVIT INJ R L				
			68801	P DIL* E3 E4 E1 E2		66986	IOL EXCHANGE R L				
			68761	P PLG 10 E3 E4 E1 E2		66985	IOL INSERTION R L				

Diaonosis Codes

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
G45.3	AMAUSIOSIS FUGAX	H18.71	CORNEAL ECTASIA	H40.1133	GLAUCOMA, SEVERE	D48.7	NEOPLASM, EYE UNCERT
H33.009	AMBLYOPIA, UNSPEC	H18.73	COR EDEMA, SECONDARY	H40.1134	GLAUCOMA, UNSPEC	D48.5	NEOPLASM, LID UNCERT
H27.00	APHAKIA, UNSP EYE	H18.83	CORNEAL EROSION	Z79.899	HIGH RISK RX	Z01.00	NORMAL EXAM
S05.00XA	CORNEAL ABRASION	H16.40	CORNEAL NEO	H21.00	HYPHEMA, UNSPEC EYE	H46	OPTIC NEURITIS
G24.5	BLEPHAROSPASM	H17.1	COR OPACITY, CENTRAL	T85.29XA	IOL COMP INITIAL	H47.019	OPTIC NEUROPATHY
H01.9	BLEPHARITIS	H16.01	CORNEAL ULCER, CENT	T85.29XD	IOL COMP F/U	H57.10	PAIN, UNSPEC EYE
H34.23	BRAO	H16.07	CORNEAL ULCER, PERF	H20.9	IRITIS	G93.2	PSEUDOTUMOR CEREBRI
H34.83	BRVO	H16.04	CORNEAL ULCER, PERIPH	H21.9	IRIS DISORDER, UNSPEC	H11.009	PTERYGIUM
H25.811	CATARACT, RT	H34.1	CRAO	H16.9	KERATITIS	H02.409	PTOSIS, UNSPEC
H25.812	CATARACT, LT	H34.81	CRVO	H16.223	KERATITIS SICCA	H33.32	RETINAL HOLE
H26.499	CATARACT, SECOND	E11.331	DIAB RET, BGRD	H18.429	KERATOPATHY, BAND	H33.31	RETINAL TEAR
H00.19	CHALAZION	E11.351	DIAB RET, PROLF	H16.219	KERATOPATHY, EXPOSUR	H33.8	RETINAL DETACHMENT
H11.423	CHEMOSIS	E11.9	DIABETES W/O OPHTH PR	T86.8491	KERATOPLASTY COMP R	H35.52	RETINITIS PIGMENTOSA
H31.421	CHOR EFFU RT	H53.2	DIPLOPIA	T86.8492	KERATOPLASTY COMP L	H35.033	RETINOPATHY, HTN
H31.422	CHOR EFFU LT	H02.109	ECTROPION	Z94.7	KERATOPLASTY, S/P	L71.9	ROSACEA
L12.1	CICATRICAL PEMPHIGOI	H02.009	ENTROPION	H35.3130	MAC, ARMD, DRY	H15.009	SCLERITIS, UNSP EYE
H11.823	CONJUNCTIVOCHALASIS	H04.229	EPIPHORA, UNSPEC SIDE	H35.3230	MAC, ARMD, WET	H11.30	SUBCONJ HEM
H10.33	CONJUNCTIVITIS, ACUTE	H50.00	ESOTROPIA	669.03	MAC, CME	H21.509	SYNECH, UNSP
H10.403	CONJUNCTIVITIS, CHRON	H50.10	EXOTROPIA	H35.369	MAC, DRUSEN	H02.059	TRICHIASIS, UNSPEC
H11.123	CONJ CONCRETIONS, BIL	H43.393	FLOATERS	H35.373	MACULAR PUCKER BOTH	H43.00	VIT PROLAPSE, UNSPEC E
H18.623	COR DEG, KERATOCONJUS	T15.10XA	FOREIGN BODY CONJ	H35.372	MACULAR PUCKER LT		
H18.453	COR DEG, SALMANN'S	T15.00	FOREIGN BODY IN CORNE	H35.371	MACULAR PUCKER RT		
H18.59	CORNEAL DYST, UNSPEC	H40.013	GLAUCOMA SUSPECT	D31.30	NEOPLASM, CHOROIOD B9		
H18.513	COR DYST, FUCHS	H40.1132	GLAUCOMA, MODERATE	C69.00	NEOPLASM, CONJ MALIGN		

REASON FOR RETURN VISIT: _____

TOTAL CHARGES: _____

RETURN IN: _____ DAYS _____ WEEKS _____ MONTHS

PAYMENT RECEIVED: _____

CASH CHECK MC VISA OTHER

RECEIVED

Mar 18 2021

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

March 18, 2021

Via email: shpda.online@shpda.alabama.gov

Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, AL 36130-3025


Re: Non-Reviewability Determination Request for Parker Comea, Inc.

Dear Ms. Marsal:

Regarding your letter of 3/18/21:

We do not administer general anesthesia. We are equipped with pulse oximetry and a cardiac monitor ("anesthesia monitoring") which would be used as previously mentioned.

Sincerely,



John Parker, Sr., MD

Cc: John Parker, Jr., MD