



RV2025-038

RECEIVED

May 29, 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Angie C. Smith
acsmith@burr.com
Direct Dial: (205) 458-5209
Direct Fax: (205) 458-5100

Burr & Forman LLP
420 North 20th Street
Suite 3400
Birmingham, AL 35203

Office (205) 251-3000
Fax (205) 458-5100

BURR.COM

May 29, 2025

VIA EMAIL

Emily T. Marsal
Executive Director
Alabama State Health Planning & Development Agency
RSA Union Building
100 N. Union Street, Suite 870
Montgomery, AL 36104
shpda.online@shpda.alabama.gov

**Re: Non-Reviewability Determination
Advanced Vascular and Wound Care, P.C.
Physician Office Exemption**

Dear Ms. Marsal:

Our firm represents Advanced Vascular and Wound Care, P.C., a physician-owned practice performing vascular and wound care procedures located in Prattville, Alabama and serving patients in Prattville and surrounding areas, (the "Practice").¹ The service area for the Practice will be Autauga County. Pursuant to Alabama Certificate of Need Program Rules and Regulations ("CON Rules"), specifically § 410-1-7-.02, the Practice requests a determination that the proposed offering of vascular and wound care services within the Practice's office location is not subject to certificate of need ("CON") review under Ala. Code § 22-21-260, *et. seq.*, and the CON Rules. To assist with your determination, we submit the following information.

The Practice seeks to offer vascular and wound care services at the Practice's office location at 104 Josie Run, Prattville, Alabama, Autauga County. The services proposed to be offered within the Practice's office include those listed in Exhibit A. All professional services will be rendered by owners or employees of the Practice. The Practice is owned by Justin Parden, a vascular surgeon with more than 10 years of experience, who will be the physician rendering the services. There are no other physicians currently employed by the Practice. The equipment and space utilized will not be owned by or located in a health care facility. Instead, it will be owned by the Practice, an

Alabama physician-owned business, and utilized by the physician owner or employees of the Practice.

The vascular and wound care services will only be provided to Practice's patients, and the Practice will not provide services to hospital inpatients, nor by, through, or on behalf of a health care facility, as such term is defined by Ala. Code § 22-21-260(6) and CON Rule § 410-1-2-.05. All patient billings related to the provision of interventional radiology will be in the name of the Practice or its physicians and not on behalf of any health care facility or third-party.

The Practice intends to register with the Alabama Board of Medical Examiners ("ABME") prior to initiating services, as required by Ala. Admin. Code 540-X-10, and provides the following additional information to satisfy anticipated requests of the ABME:

1. Proximity of hospitals:
 - a. Prattville Baptist Hospital: 3 miles
 - b. Baptist Medical Center South: 17.2 miles
 - c. Baptist Medical Center East: 21 miles
2. ACLS and BLS certification: Dr. Parden and Nurse Practitioner Jennifer McIllwain Farrior are both ACLS and BLS certified.
3. The Practice will maintain a crash cart with equipment for necessary ACLS protocols as well as an automated external defibrillator (AED).
4. The Practice has budgeted for the inclusion of a generator for emergency power.
5. For anesthesia, local anesthesia along with light to moderate sedation will be used. Sedation will be administered by a certified registered nurse anesthetist or registered nurse and will be under personal supervision of the physician with continuous and electronic monitoring.

Therefore, the proposed project is exempt from Certificate of Need ("CON") review under the physician office exemption codified at Ala. Code § 22-21-260(6).

Pursuant to Alabama Administrative Code § 410-1-7-.02, the Practice is requesting a reviewability determination that the proposed project is not subject to CON review based on the following:

1. The project does not involve the establishment of a health care facility under CON law, specifically Ala. Code § 22-21-260, which states "[t]he term health care facility shall not

include the offices of private physicians...whether for individual or group practices and regardless of ownership....”

2. The project does not involve the offering a health care service because it is not being provided by or through a health care facility. See Ala. Admin. Code § 410-1-2-.06.
3. The project satisfies the “physician office exemption” test set out in *Ex parte Sacred Heart Health Sys., Inc.*, 155 So.3d 980 (Ala. 2012):
 - a. The proposed services are to be provided, and related equipment used, exclusively by the physicians identified as owners or employees of the physicians’ practice for the care of their patients.
 - b. The proposed services are to be provided, and related equipment used, at an office of the physicians.
 - c. All patient billings related to the services are through, or expressly on behalf of, the physicians’ practice.
 - d. The equipment will not be used for inpatient care, nor by, through or on behalf of a health care facility.

Additionally, the total cost of construction will not exceed the capital expenditure thresholds set forth in Ala. Code § 22-21-263 and CON Rule § 410-1-4-.01 (as adjusted). It is anticipated total costs of construction will be approximately \$150,000; the total cost for the purchase and/or lease of major medical equipment is anticipated to be approximately \$195,000; other capital costs are anticipated to be less than \$100,000; and new first year annual operating costs are estimated to be approximately \$1.1 million. Thus, the project will be less than the capital expenditure thresholds set forth in Ala. Code § 22-21-263 and CON Rule § 410-1-4-.01. All expenditures will be incurred by the Practice.

The Project does not involve any change in the existing licensed bed capacity of a health care facility, or a change of ownership of a health care facility. Further, the Project will not result in the provision of any new institutional health services by or through a health care facility.

Accordingly, based on the above, the Practice requests your determination that the provision of vascular and wound care service within the Practice’s office is not subject to CON review under *Ala. Code § 22-21-260 et seq.* and the CON Rules, and is permissible without further filings or requests to SHPDA. I appreciate your response to this matter, and please do not hesitate to contact me should you need additional information.

Emily T. Marsal
May 30, 2025
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Contemporaneous with this filing, we have paid the \$1,000.00 filing fee to the Alabama State Health Planning and Development Agency via the online payment portal.

Sincerely,

s/Angie C. Smith

Angie C. Smith

Enclosures

Affirmation of Requesting Party:

The undersigned, being first duly sworn, hereby make oath or affirm that he is a member of Advanced Vascular and Wound Care, PC has knowledge of the facts in this request, and to the best of his information, knowledge and belief, such facts are true and correct.

Affiant *Justin A. [Signature]*, *ms* (SEAL)

SUBSCRIBED AND SWORN to before me this 29 day of May

Rebecca Taylor
Notary Public

My Commission Expires 6-13-2026

My commission expires _____



EXHIBIT A

36005 Injection procedure for extremity venography

36010 Introduction of catheter, superior or inferior vena cava

36011 Selective catheter placement, venous system; 1st order branch (example, renal vein, jugular vein)

36200 Introduction of catheter, aorta

36245 Selective catheter placement, arterial system, each 1st order abdominal, pelvic, or lower extremity artery branch, with an avascular family

36246 Selective catheter placement initial 2nd order abdominal, pelvic or lower extremity arterial branch within a vascular family

36247 Select catheter placement initial 3rd order a more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family

36248 Select additional 2nd order, 3rd order and beyond abdominal, pelvic, or lower extremity arterial branch with endovascular family

36251 Select catheter placement (1st order), main renal artery and any accessory renal arteries for renal angiography

36410 Venipuncture, age 3 years or older, necessitating the skill of a physician were other qualified health care professional 4 diagnostic or therapeutic purposes

36415 Collection of venous blood by venipuncture

36468 Injection of sclerosing for spider veins (telangiectasia), limb or trunk

36470 Injection of sclerosing, single incompetent vein, other than telangiectasia

36471 Injection of sclerosing, multiple incompetent veins, other than telangiectasia, same leg

36473 Endovenous ablation therapy of incompetent vein, extremity, mechano chemical

36475 Endovenous ablation therapy of incompetent vein, extremity, 1st vein treated, radiofrequency ablation

36556 Insertion of non tunneled centrally inserted central venous catheter

36558 Insertion of tunneled centrally inserted central venous catheter

36573 Insertion of peripherally inserted central venous catheter without subcutaneous port or pump

36581 Replacement, complete, of a tunneled centrally inserted central venous catheter without subcutaneous port through same venous access

36584 Replacement, complete, of a peripherally inserted central venous catheter, without subcutaneous port or pump, through same venous access

36589 Removal of tunneled central venous catheter without subcutaneous port or pump

36591 Collection of blood sample from a completely implantable venous access device

36592 Collection of blood specimen using establish central or peripheral catheter venous not otherwise specified

36597 Repositioning of previously placed central venous catheter under fluoroscopy

36598 Contrast injection for radiologic evaluation of the existing central venous access device, including fluoroscopy and report

36901 Introduction of needles and/or catheters, dialysis circuit, with diagnostic angiography of the dialysis circuit,

36902 Transluminal balloon angioplasty of peripheral dialysis segment

36903 Transluminal placement of intravascular stent, peripheral dialysis segment

36904 Transluminal mechanical thrombectomy, dialysis circuit

36905 Transluminal mechanical thrombectomy of dialysis circuit with peripheral angioplasty

36906 Transluminal mechanical thrombectomy, dialysis circuit, with trans catheter placement of intravascular stent, peripheral circuit

36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit

36908 Trends catheter placement of intravascular stents, central dialysis segment, performed through dialysis circuit

36909 Dialysis circuit permanent vascular embolization or occlusion including main circuit or any accessories, endovascular

37191 Insertion of intravascular vena cava filter, endovascular approach

37193 Retrieval of intravascular vena cava filter, endovascular approach

37197 Transcatheter retrieval, percutaneous, of intravascular foreign body

37220 Revascularization, endovascular, iliac artery with transluminal angioplasty

37221 Revascularization, endovascular iliac artery with transluminal stent placement

37224 Revascularization, endovascular, open percutaneous femoral, popliteal artery with angioplasty

37225 Revascularization, endovascular, femoral, popliteal artery with atherectomy and angioplasty

37226 Revascularization, endovascular a femoral, popliteal arteries with transluminal stent placement

37227 Revascularization, endovascular, femoral, popliteal arteries with transluminal stent placement and atherectomy

37228 Revascularization, endovascular, tibial, peroneal artery with angioplasty

37229 Revascularization, endovascular, tibial, peroneal artery with atherectomy

37230 Revascularization, endovascular, tibial, peroneal artery with transluminal stent placement including angioplasty

37231 Revascularization, endovascular, tibial, peroneal artery with angioplasty, transluminal stent placement with or without atherectomy

Endovascular diagnostic and treatment procedures of the celiac artery, mesenteric arteries, renal arteries including angioplasty and stent placement.

Aortogram



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Jul 17 2025

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RSA Union Building
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**Re: RV2025-038 Non-Reviewability Determination – Response to Request for
Additional Information
Advanced Vascular and Wound Care, P.C.**

Dear Ms. Marsal:

Please accept this letter as a response to your Agency's letter of July 17, 2025, wherein the Agency asked the requesting party to explain how interventional radiology would be used in the provision of vascular and wound care services as referenced in the Request for Non-Reviewability. I apologize for the incorrect reference to interventional radiology. It was an artifact that I failed to notice in the final version of the request. The sentence should have read: All patient billings related to the provision of **vascular and wound care services** will be in the name of the Practice or its physicians and not on behalf of any health care facility or third-party.

The proposed practice will not use interventional radiology for the provision of services. Please let me know if you have any additional questions.

Sincerely,

s/*Angie C. Smith*

Angie C. Smith