

# LCP Version Comparison

Section-by-Section Change Analysis

Case ID: 4244  
Model Selection  
Generated: 2025-11-13T08:54:31.174170  
Versions: 202510231236-4244-CompleteAIGeneratedReport.pdf, 202509241245-4244-CompleteAIGeneratedReport.pdf

**Summary:** Total Sections: 146 · Added: 113 · Removed: 17 · Modified: 15

■ Added ■ Removed ■ Modified ■ Unchanged

**Section 10: Behavioral****ADDED**

Section added in the newer version.

**Section 10: Medications****ADDED**

Section added in the newer version.

**Section 10: Overview of Medical Expert****ADDED**

Section added in the newer version.

**Section 11: Assistive Device****ADDED**

Section added in the newer version.

**Section 12: Social History****ADDED**

Section added in the newer version.

**Section 13: Education History****ADDED**

Section added in the newer version.

**Section 14: Professional/Work History****ADDED**

Section added in the newer version.

**Section 15: Habits****ADDED**

Section added in the newer version.

**Section 16: Tobacco use****ADDED**

Section added in the newer version.

**Section 17: Alcohol use****ADDED**

Section added in the newer version.

**Section 18: Illicit drugs****ADDED**

Section added in the newer version.

**Section 19: Avocational Activities****ADDED**

Section added in the newer version.

**Section 1: A Geo-Zip code that specifies a geographic region.****ADDED**

Section added in the newer version.

**Section 1: CPT codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in****ADDED**

Section added in the newer version.

**Section 1: CPT codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Medical Module.****REMOVED**

Section removed from the newer version.

**Section 1: Current Symptoms****ADDED**

Section added in the newer version.

**Section 1: Diagnostic Conditions****ADDED**

Section added in the newer version.

**Section 1: Disabilities****ADDED**

Section added in the newer version.

**Section 1: Emotional Symptoms****ADDED**

Section added in the newer version.

**Section 1: Establish a subject's Average Residual Years.****ADDED**

Section added in the newer version.

**Section 1: Executive Summary****ADDED**

Section added in the newer version.

**Section 1: History of Present Injury/Illness****ADDED**

Section added in the newer version.

**Section 1: Independent Variables****ADDED**

Section added in the newer version.

**Section 1: L3-L4: Posterior bulging of the disc is present. There is impingement upon the****ADDED**

Section added in the newer version.

**Section 1: Life Care Planning****ADDED**

Section added in the newer version.

**Section 1: Methods, Definitions and Discussion: Discloses the methods and parameters used to perform this Survey .****ADDED**

Section added in the newer version.

**Section 1: Methods, Definitions, and Discussion****ADDED**

Section added in the newer version.

**Section 1: Mild thoracic spondylosis with small disc herniations and bulges.****ADDED**

Section added in the newer version.

**Section 1: No evidence of gross parenchymal signal abnormality or intracranial hemorrhage.****ADDED**

Section added in the newer version.

**Section 1: Nominal Value****ADDED**

Section added in the newer version.

**Section 1: Overview****MODIFIED****Added:**

- + This Life Care Plan (this "Report") has been prepared for Natasha Birchfield , a 39-year-old individual, who sustained
- + The total nominal value of Birchfield' s future medical requirements, as formulated in this Life Care Plan, and which pertains
- + Life care planning is a process of applying objective methodological analysis to formulate diagnostic conclusions and
- + individuals with permanent or chronic medical conditions.
- + According to the tenets, methods, and best practices advocated by the American Academy of Physician Life Care Planners, a
- + Life Care Planner 's primary objective is to achieve the Clinical Objectives of Life Care Planning by answering the basic
- + questions of Life Care Planning.
- + Prevent complications to which an individual' s unique physical and mental conditions predispose one.

**Removed:**

- - This Life Care Plan (this "Report") has been prepared for Ms. Natasha Birchfield , a 39-year-old individual, who sustained injuries to her head,
- - The total nominal value of Ms. Birchfield' s future medical requirements, as formulated in this Life Care Plan, and which pertains to her relevant
- - Life care planning is a process of applying objective methodological analysis to formulate diagnostic conclusions and opinions regarding physical
- - and/or mental impairment and disability for the purpose of determining care requirements for individuals with permanent or chronic medical
- - According to the tenets, methods, and best practices advocated by the American Academy of Physician Life Care Planners, a Life Care Planner 's
- - primary objective is to achieve the Clinical Objectives of Life Care Planning by answering the basic questions of Life Care Planning.
- - Prevent complications to which an individual' s unique physical and mental conditions predispose them.
- - Afford the individual the best possible quality of life considering their condition.

**Modified:**

- **Old:** neck, and back, as a result of an incident on September 18 2023 .  
**New:** injuries to her head, neck, and back, as a result of an incident on Missing .
- **Old:** diagnostic conditions and disabilities, is \$775,747.54 .  
**New:** to her relevant diagnostic conditions and disabilities, is \$2,628,188.85 .
- **Old:** conditions.  
**New:** opinions regarding physical and/or mental impairment and disability for the purpose of determining care requirements for

**Section 1: Physician Services****ADDED**

Section added in the newer version.

**Section 1: Probable Duration of Care Metrics****ADDED**

Section added in the newer version.

**Section 1: Recent History****ADDED**

Section added in the newer version.

**Section 1: Sources****ADDED**

Section added in the newer version.

**Section 1: Specified Vendors/Providers:****MODIFIED****Added:**

- + When specific vendors/providers are specified (e.g., for Acute Care Services at specified facilities, or when a life care
- + seeing and/or wish to see in the future), the costs associated with these specified vendors/providers are cited in this Life
- + Care Plan's Vendor Survey . These values are used as unit costs for respective line items in this Life Care Plan's Cost
- + Analysis, assuming it is possible to obtain such cost information from the specified vendors/providers.

**Removed:**

- - When specific vendors/providers are specified (e.g., for Acute Care Services at specified facilities, or when a life care plan's subject, family
- - members, caregivers, treating physicians, etc., specify particular physicians they are currently seeing and/or wish to see in the future), the costs
- - associated with these specified vendors/providers are cited in this Life Care Plan's Vendor Survey . These values are used as unit costs for
- - respective line items in this Life Care Plan's Cost Analysis, assuming it is possible to obtain such cost information from the specified

**Modified:**

- **Old:** vendors/providers.
- **New:** plan's subject, family members, caregivers, treating physicians, etc., specify particular physicians they are currently

**Section 1: Summary of Medical Records****ADDED**

Section added in the newer version.

**Section 1: Survey Methodology****ADDED**

Section added in the newer version.

**Section 1: The use of UCR 80 is mandated by the Texas State Legislature to resolve disagreements between out-of-network****ADDED**

Section added in the newer version.

**Section 1: The use of UCR 80 is mandated by the Texas State Legislature to resolve disagreements between out-of-network healthcare providers and****REMOVED**

Section removed from the newer version.

**Section 1: Very mild cervical spondylosis with small disc herniations as described.** **ADDED**

Section added in the newer version.

**Section 1: What is the individual's condition?** **ADDED**

Section added in the newer version.

**Section 20: Residential Situation** **ADDED**

Section added in the newer version.

**Section 21: Transportation** **ADDED**

Section added in the newer version.

**Section 22: Household Responsibilities** **ADDED**

Section added in the newer version.

**Section 2: Accounting Methods** **ADDED**

Section added in the newer version.

**Section 2: CPT codes have also been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data** **ADDED**

Section added in the newer version.

**Section 2: CPT codes have also been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Outpatient** **REMOVED**

Section removed from the newer version.

**Section 2: Chronological Synopsis of Medical Records** **ADDED**

Section added in the newer version.

**Section 2: Consequent Circumstances** **ADDED**

Section added in the newer version.

**Section 2: Cost Data Sample: Exhibits all unit costs and other source-specific information obtained during this Survey that are****ADDED**

Section added in the newer version.

**Section 2: Cost Data Sample: Exhibits all unit costs and other source-specific information obtained during this Survey that are employed in this Life Care****REMOVED**

Section removed from the newer version.

**Section 2: Definitions and Discussion****ADDED**

Section added in the newer version.

**Section 2: Dependent Variables****ADDED**

Section added in the newer version.

**Section 2: L4-L5: A 1 to 2 mm central disc herniation is present. There is impingement upon****ADDED**

Section added in the newer version.

**Section 2: Life Care Planning and Life Care Plans****ADDED**

Section added in the newer version.

**Section 2: Life Care Plans****ADDED**

Section added in the newer version.

**Section 2: Mild spinal stenosis at T5-6. No high-grade stenosis or nerve compression.****ADDED**

Section added in the newer version.

**Section 2: Neurologic****ADDED**

Section added in the newer version.

**Section 2: No significant spinal stenosis.****ADDED**

Section added in the newer version.



**Section 2: Our AMA takes the position that there is no relationship between the Medicare fee schedule and Usual, Customary, and** **ADDED**

Section added in the newer version.

**Section 2: Our AMA takes the position that there is no relationship between the Medicare fee schedule and Usual, Customary, and Reasonable Fees.** **REMOVED**

Section removed from the newer version.

**Section 2: Physical Symptoms** **ADDED**

Section added in the newer version.

**Section 2: Probable Duration of Care** **ADDED**

Section added in the newer version.

**Section 2: Routine Diagnostics** **ADDED**

Section added in the newer version.

**Section 2: Specific CPT (Current Procedural Terminology) codes, specific DRG (Diagnosis-Related Group) codes, or specific** **ADDED**

Section added in the newer version.

**Section 2: Specific CPT (Current Procedural Terminology) codes, specific DRG (Diagnosis-Related Group) codes, or specific HCPCS (Healthcare** **REMOVED**

Section removed from the newer version.

**Section 2: Subjective History** **ADDED**

Section added in the newer version.

**Section 2: Summary of Records****MODIFIED****Added:**

- + This Summary of Records ("Summary") is a chronological synopsis of Natasha Birchfield medical records, and other
- + determining Natasha Birchfield diagnostic conditions and consequent circumstances, I have reviewed and considered the
- + medical records and/or other records summarized herein.
- + This table contains a chronological list of the provided medical records reviewed for past medical treatments for injury-
- + related conditions.
- + 09/27/2023 Chiropractic Initial Exam Beach Cities Chiropractic Dr. Diego
- + Bignone, DC Chiropractic
- + 09/27/2023 X-Ray Neck Spine 2-3 Vw Beach Cities Chiropractic Dr. Diego

**Removed:**

- - This Summary of Records ("Summary") is a chronological synopsis of Natasha Birchfield medical records, and other relevant documents, presented
- - first by facility , and then by treating physicians and/or other relevant medical personnel. In determining Natasha Birchfield diagnostic conditions
- - This table contains a chronological list of the provided medical records reviewed for past medical treatments for injury-related conditions.
- - 09/27/2023 -
- - 02/27/2024 Chiropractic Care (Initial Exam,
- - Daily Notes, Re-Exams) Beach Cities Chiropractic Dr. Diego Bignone Chiropractic
- - 11/03/2023 MRI Thoracic Spine without
- - Contrast WAVE Imaging - Beach Cities Joseph Liu, M.D. Radiology

**Modified:**

- **Old:** and consequent circumstances, I have reviewed and considered the medical records and/or other records summarized herein.  
**New:** relevant documents, presented first by facility , and then by treating physicians and/or other relevant medical personnel. In
- **Old:** Accident) N/A N/A N/A  
**New:** Collision) N/A (Scene of Accident) N/A N/A
- **Old:** 10/10/2023 Office Visit California Sports & Spine Center Hardik Parikh, M.D. Physical Medicine &  
**New:** 02/27/2024 Chiropractic Follow-up Visits Beach Cities Chiropractic Dr. Diego
- **Old:** Rehabilitation  
**New:** & Rehabilitation
- **Old:** Contrast WAVE Imaging - Beach Cities Joseph Liu, M.D. Radiology  
**New:** contrast WAVE Imaging - Beach
- **Old:** Rehabilitation  
**New:** & Rehabilitation

**Section 2: The State of New York has enacted a statute to prevent "surprise bills" and defines the "usual and customary cost" as****ADDED**

Section added in the newer version.

**Section 2: The State of New York has enacted a statute to prevent “surprise bills” and defines the “usual and customary cost” as “the eightieth percentile of** **REMOVED**

Section removed from the newer version.

**Section 2: Use Average Residual Years to calculate a subject’ s Life Expectancy .** **ADDED**

Section added in the newer version.

**Section 2: Usual, Customary & Reasonable (UCR) Data:** **MODIFIED****Added:**

- + If no specific vendors/providers are specified, or if cost information from specified vendors/providers cannot be
- + Analysis. UCR data is obtained from within the Geo-Zip region assigned to Natasha Birchfield’ s probable location of
- + care (Geo-Zip region "90278"), or , if unavailable, from alternative Geo-Zip regions within a 35-mile radius of Natasha
- + Birchfield’ s probable location of care.

**Removed:**

- - If no specific vendors/providers are specified, or if cost information from specified vendors/providers cannot be obtained, UCR cost data is
- - sourced. This data is cited in the Vendor Survey and used for applicable line items in the Cost Analysis. UCR data is obtained from within the
- - Geo-Zip region assigned to Natasha Birchfield’ s probable location of care (Geo-Zip region "undefined"), or , if unavailable, from alternative

**Modified:**

- **Old:** Geo-Zip regions within a 35-mile radius of Natasha Birchfield’ s probable location of care.  
**New:** obtained, UCR cost data is sourced. This data is cited in the Vendor Survey and used for applicable line items in the Cost

**Section 2: Volumetric analysis is notable for statistically significant atrophy involving the** **ADDED**

Section added in the newer version.

**Section 2: What medically related goods and services does an individual’ s condition require?** **ADDED**

Section added in the newer version.

**Section 2: What medically-related goods and services does an individual’ s condition require?** **ADDED**

Section added in the newer version.

**Section 3: Average Residual Years****ADDED**

Section added in the newer version.

**Section 3: Biography of Medical Expert****ADDED**

Section added in the newer version.

**Section 3: DRG codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained****ADDED**

Section added in the newer version.

**Section 3: DRG codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Inpatient Facility****REMOVED**

Section removed from the newer version.

**Section 3: Diagnostics****ADDED**

Section added in the newer version.

**Section 3: Diffusion tensor imaging (DTI) analysis is notable for statistically significant****ADDED**

Section added in the newer version.

**Section 3: Formulate Adjustments to Life Expectancy (if any).****ADDED**

Section added in the newer version.

**Section 3: Functional Symptoms****ADDED**

Section added in the newer version.

**Section 3: How much will the medically related goods and services cost over time?****REMOVED**

Section removed from the newer version.

**Section 3: How much will the medically-related goods and services cost over time?****ADDED**

Section added in the newer version.

***Section 3: Interview***

**MODIFIED**

**Added:**

- + I obtained the information presented here through my interview with Natasha Birchfield , which took place on 2025-07-02.
- + The patient was involved in a Motor Vehicle Accident (MVA). The primary body parts hurt were Neck;Shoulder;Hip. Current
- + symptoms are described as Ms. Birchfield reported that her most bothersome current symptoms include upper back pain,
- + neck pain, popping in both shoulders, hip pain, and lumbar pain. with a pain level of . The pain is worsened or relieved by
- + Ms. Birchfield reported that pain in her left and right shoulders, neck, and upper back worsens with bending, pulling, and
- + lifting, but is relieved with rest, heat packs, stretching, bathing, and taking ibuprofen and Laxarol. Her lumbar pain is
- + aggravated by lifting heavy objects and improves with heat or ice application and avoiding heavy lifting. Hip pain worsens
- + with exercise and sleeping on the affected side but is eased by stretching and using ice packs.. Following the incident, the

**Removed:**

- - I obtained the information presented here through my interview with Natasha Birchfield , which took place on 2025-08-08 along with a review of
- - her medical records and other relevant documents to assess her diagnostic conditions and related circumstances.
- - Ms. Birchfield was involved in a motor vehicle accident on 2023-09-18. Following the event, she experienced the onset of pain in multiple body
- - regions.
- - The patient reports injuries to her cervical spine, bilateral shoulders, thoracic back, lumbar spine, and hips. She describes the pain as constant, aching,
- - and throbbing. Pain in the left and right shoulders, neck, and upper back is aggravated by bending, pulling, and lifting. Her lumbar pain is aggravated
- - by lifting heavy objects. Hip pain worsens with exercise and sleeping on the affected side. She reports that pain from her upper back radiates to her
- - lower back, pain from her shoulders radiates down both arms, and pain from her hip radiates to the buttock and down the leg. The initial pain level

**Modified:**

- **Old:** A detailed history of the patient's medical status, recent clinical evaluations, and findings relevant to patient condition and future care needs  
**New:** The patient is a 39-year -old whose recent history is centered around an incident that occurred on 2023-09-18.
- **Old:** popping and clicking in the shoulders and neck. Pain radiates down her arms and legs.  
**New:** Ms. Birchfield reported that her most bothersome current symptoms include upper back pain, neck pain, popping in both
- **Old:** Pain is reported to worsen with bending, pulling, lifting, and sleeping on the affected side.  
**New:** The patient reports injuries to her neck, shoulders, hip, upper back, and lumbar region. She experiences clicking, popping,
- **Old:** nights per week.  
**New:** The patient reports that her sleep is affected by her injuries. She experiences difficulty with bending, pulling, lifting, sitting
- **Old:** The patient reports pain that radiates from her shoulders down both arms and from her hip to her buttocks and leg.  
**New:** The patient reports that her upper back pain radiates to her lower back, her hip pain radiates down to her buttocks, and her
- **Old:** The patient reports pain, stiffness, clicking, and popping in her neck, shoulders, back, and hips. Reported difficult movements include bending,  
**New:** The patient reports injuries to her neck, shoulders (bilateral), hip, upper back, and lumbar spine. She experiences clicking,

**Section 3: L5-S1: A circumferential disc bulge is present. There is impingement upon the** **ADDED**

Section added in the newer version.

**Section 3: Medications** **ADDED**

Section added in the newer version.

**Section 3: Mild left foraminal stenosis at C4-5. No high-grade foraminal stenosis or nerve root** **ADDED**

Section added in the newer version.

**Section 3: No significant foraminal stenosis or nerve root impingement.** **ADDED**

Section added in the newer version.

**Section 3: Orthopedic** **ADDED**

Section added in the newer version.

**Section 3: Review of Systems** **ADDED**

Section added in the newer version.

**Section 3: The United States Veterans Administration (“VA”) has mandated that “reasonable charges for medical care or services** **ADDED**

Section added in the newer version.

**Section 3: The United States Veterans Administration (“VA”) has mandated that “reasonable charges for medical care or services provided or furnished by** **REMOVED**

Section removed from the newer version.

**Section 3: Variables** **ADDED**

Section added in the newer version.

**Section 3: Web and Telephone Inquiries:****MODIFIED****Added:**

- + In the absence of preferred vendors/providers or in cases in which specific vendor(s)/provider(s) are specified, but from whom it is not possible to obtain cost information, and in cases where UCR data is unavailable, cost data is sourced via web or telephone inquiries from
- + of care. An attempt is made to obtain at least three discrete costs from three discrete sources. This data, along with direct contact information for all vendors/providers from which cost data was obtained, is exhibited in the Cost Data/V endor Sample. Averages (arithmetic means) are calculated and used as unit costs for respective line items in the Cost Analysis.

**Removed:**

- - In the absence of preferred vendors/providers or in cases in which specific vendor(s)/provider(s) are specified, but from whom it is not possible to obtain cost information, and in cases where UCR data is unavailable, cost data is sourced via web or telephone inquiries from
- - vendors/providers within a 35-mile radius of Ms. Natasha Birchfield' s probable location of care. An attempt is made to obtain at least three discrete costs from three discrete sources. This data, along with direct contact information for all vendors/providers from which cost data was obtained, is exhibited in the Cost Data/V endor Sample. Averages (arithmetic means) are calculated and used as unit costs for respective line

**Modified:**

- **Old:** items in the Cost Analysis.  
**New:** web or telephone inquiries from vendors/providers within a 35-mile radius of Ms. Natasha Birchfield' s probable location

**Section 4: CPT codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in****ADDED**

Section added in the newer version.

**Section 4: CPT codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the Anesthesia Module****REMOVED**

Section removed from the newer version.

**Section 4: Cardiovascular****ADDED**

Section added in the newer version.



**Section 4: Central Opinions****MODIFIED****Added:**

- + For the purpose of Life Care Planning, a diagnostic condition can be defined as an impairment. According to the American
- + derangement of any body part, or gan system or or gan function.
- + The following represents my professional medical opinion regarding Natasha Birchfield diagnostic conditions, as they pertain
- + Diagnostic Condition 1: post-traumatic stress disorder , chronic
- + Diagnostic Condition 2: generalized anxiety disorder
- + Diagnostic Condition 3: major depressive disorder , single episode, moderate
- + Diagnostic Condition 4: cervical facet syndrome; cervical disc protrusion; cervical spondylosis; left foraminal stenosis;
- + sprain of ligaments of cervical spine (s13.4xxa)

**Removed:**

- - For the purpose of Life Care Planning, a diagnostic condition can be defined as an impairment. According to the American Medical Association's
- - Guides to the Evaluation of Permanent Impairment, 5th Edition, this is defined as "a loss of use, or a derangement of any body part, or gan system or
- - The following represents my professional medical opinion regarding Natasha Birchfield diagnostic conditions, as they pertain to his relevant cause of
- - injury:
- - Diagnostic Condition 2: right shoulder partial rotator cuff tear
- - According to the American Medical Association's Guides to the Evaluation of Permanent Impairment, 5th Edition, a disability is defined as "an
- - alteration of an individual's capacity to meet personal, social, or occupational demands because of an impairment."
- - It is my professional medical opinion that the disabilities specified herein are attributable to Natasha Birchfield relevant impairments, as presented in

**Modified:**

- **Old:** organ function."  
**New:** Medical Association' s Guides to the Evaluation of Permanent Impairment, 5th Edition, this is defined as "a loss of use, or a
- **Old:** Diagnostic Condition 1: cervical disc protrusion; cervical facet syndrome; cervical spondylosis; left foraminal stenosis; post traumatic neck strain  
**New:** to his relevant cause of injury:
- **Old:** Diagnostic Condition 3: post-traumatic stress disorder , chronic  
**New:** Diagnostic Condition 7: left shoulder rotator cuff tendinopathy
- **Old:** (template-derived for Elbow) Decreased ability to perform activities requiring full elbow extension or flexion.  
**New:** Decreased ability for lifting or carrying overhead.
- **Old:** certified orthopedic surgeon and Certified Life Care Planner , as well as a reasonable degree of medical probability .  
**New:** applied my best professional efforts and considered the published literature. I have additionally relied upon my education,
- **Old:** Academy of Physician Life Care Planners. This methodology requires a physician life care planner to:  
**New:** by the American Academy of Physician Life Care Planners. This methodology requires a physician life care planner to:

**Section 4: Framework: A Life Care Plan for Natasha Birchfield****ADDED**

Section added in the newer version.

**Section 4: In summary , findings are compatible with the history of traumatic brain injury , with****ADDED**

Section added in the newer version.

**Section 4: Laboratory Studies****ADDED**

Section added in the newer version.

**Section 4: Life Expectancy****ADDED**

Section added in the newer version.

**Section 4: National Online Vendors:****MODIFIED****Added:**

- + When sourcing cost data via the web, cost data from national online vendors (durable equipment, online medication, and
- + vendors and Natasha Birchfield' s actual location. In cases in which cost data is sourced from such vendors, data is treated
- + the same as data sourced from local vendors (within a 35-mile radius of Natasha Birchfield' s location) and cited in the
- + Vendor Survey . Values are then used in the calculation of arithmetic means for unit costs in the Cost Analysis.

**Removed:**

- - When sourcing cost data via the web, cost data from national online vendors (durable equipment, online medication, and other vendors) (e.g.,
- - CVS.com, Walgreens.com, Drugstore.com) is included without consideration given to national vendors and Natasha Birchfield' s actual location.
- - Natasha Birchfield' s location) and cited in the Vendor Survey . Values are then used in the calculation of arithmetic means for unit costs in the
- - Cost Analysis.

**Modified:**

- **Old:** In cases in which cost data is sourced from such vendors, data is treated the same as data sourced from local vendors (within a 35-mile radius of  
**New:** other vendors) (e.g., CVS.com, Walgreens.com, Drugstore.com) is included without consideration given to national

**Section 4: Past Medical History****ADDED**

Section added in the newer version.

**Section 4: Procedure Performed****ADDED**

Section added in the newer version.

***Section 4: To protect the interests of the United States Taxpayer , in non-worker 's compensation cases, the United States Center for*****ADDED**

Section added in the newer version.

***Section 4: To protect the interests of the United States Taxpayer , in non-worker 's compensation cases, the United States Center for Medicare and Medicaid*****REMOVED**

Section removed from the newer version.

***Section 4: Unit Costs*****ADDED**

Section added in the newer version.

***Section 4: Unremarkable cervical spinal cord.*****ADDED**

Section added in the newer version.

***Section 4: Unremarkable thoracic spinal cord.*****ADDED**

Section added in the newer version.

***Section 4: Use Adjustments to Life Expectancy (if any) to calculate Projected Residual Years.*****ADDED**

Section added in the newer version.

***Section 5: Adjustments to Life Expectancy*****ADDED**

Section added in the newer version.

***Section 5: Counts & Conventions*****ADDED**

Section added in the newer version.

**Section 5: Future Medical Requirements****MODIFIED****Added:**

- + The future medical requirements specified herein are intended to address the diagnostic conditions and consequent
- + The future medical requirements specified herein are grouped into care categories, in which the names of the specific care
- + the place of codes for any item(s) denote item(s) for which coding was either not possible (i.e., in the case of nursing and
- + attendant care, environmental modifications, essential services, etc.), or in cases in which coding is not applicable. This
- + relates to using such codes to perform a cost/vendor survey for the purpose of obtaining unit costs that can be used within this
- + Life Care Plan's Cost Analysis [i.e., in the case of medications, in which it is possible to assign National Drug Codes ("NDC
- + codes") to medication items, but in which case it is not possible to use such codes to obtain data-correlated cost information,
- + I have formulated Natasha Birchfield's future medical requirements based on my education, training, and professional

**Removed:**

- - The future medical requirements specified herein are intended to address the diagnostic conditions and consequent circumstances specified in Section
- - The future medical requirements specified herein are grouped into care categories, in which the names of the specific care item(s) are presented, and
- - in applicable cases, are accompanied by relevant CPT , HCPCS, and DRG codes. Asterisks ("\*") in the place of codes for any item(s) denote item(s)
- - for which coding was either not possible (i.e., in the case of nursing and attendant care, environmental modifications, essential services, etc.), or in
- - can be used within this Life Care Plan's Cost Analysis [i.e., in the case of medications, in which it is possible to assign National Drug Codes ("NDC
- - codes") to medication items, but in which case it is not possible to use such codes to obtain data-correlated cost information, such as Usual,
- - I have formulated Natasha Birchfield's future medical requirements based on my education, training, and professional experience as a practicing
- - I have employed a reasonable degree of medical probability as a primary criterion in the formulation of my medical recommendations. I have also

**Modified:**

- **Old:** 6 of Natasha Birchfield's Life Care Plan.  
**New:** circumstances specified in Section 6 of Natasha Birchfield's Life Care Plan.
- **Old:** cases in which coding is not applicable. This relates to using such codes to perform a cost/vendor survey for the purpose of obtaining unit costs that  
**New:** item(s) are presented, and in applicable cases, are accompanied by relevant CPT , HCPCS, and DRG codes. Asterisks ("\*") in
- **Old:** Customary and Reasonable (UCR) cost data].  
**New:** such as Usual, Customary and Reasonable (UCR) cost data].
- **Old:** physician, board-certified orthopedic surgeon.  
**New:** experience as a practicing physician, board-certified orthopedic surgeon.
- **Old:** made such recommendations with the intent of accomplishing the following Clinical Objectives of Life Care Planning to:  
**New:** recommendations. I have also made such recommendations with the intent of accomplishing the following Clinical

**Section 5: Future Medical Requirements****REMOVED**

Section removed from the newer version.

***Section 5: HCPCS codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data***

**ADDED**

Section added in the newer version.

***Section 5: HCPCS codes have been assigned to future medical requirements in this Life Care Plan to solicit UCR cost data contained in the HCPCS***

**REMOVED**

Section removed from the newer version.

***Section 5: Integumentary***

**ADDED**

Section added in the newer version.

**Section 5: Multiple Data Sources for Single Items:****MODIFIED****Added:**

- + For items requiring multiple data sources (e.g., surgeries with separate costs for procedures and hospitalization), values
- + considered first; in their absence, UCR data or cost data from individual vendors/sources is obtained. All sources are
- + cited in the Vendor Survey, and component costs are summed for consolidated unit costs.
- + Prices of medically related goods and services can vary based on geographic location. The geographic scope of this survey is
- + generally defined as a specified radius from the subject's primary residence. Primary residence ("probable location of care")
- + is defined by a GeoZip locator.
- + The geographic scope is defined as a 35-mile radius; and the probable location of care is defined using Geo-Zip locator:
- + 90278.

**Removed:**

- - For items requiring multiple data sources (e.g., surgeries with separate costs for procedures and hospitalization), values for each cost component
- - are obtained and summed to calculate a total unit cost. Preferred vendors/providers are considered first; in their absence, UCR data or cost data
- - from individual vendors/sources is obtained. All sources are cited in the Vendor Survey, and component costs are summed for consolidated unit
- - Prices of medically related goods and services can vary based on geographic location. The geographic scope of this survey is generally defined as a
- - specified radius from the subject's primary residence. Primary residence ("probable location of care") is defined by a GeoZip locator.
- - The geographic scope is defined as a 35-mile radius; and the probable location of care is defined using Geo-Zip locator: undefined.
- - a. 'Usual' fee means that fee usually charged, for a given service, by an individual physician to private patient (i.e., usual fee).
- - b. A fee is 'customary' when it is within the range of usual fees currently charged by physicians of similar training and experience, for the same

**Modified:**

- **Old:** costs.  
**New:** for each cost component are obtained and summed to calculate a total unit cost. Preferred vendors/providers are
- **Old:** service within the same specific and limited geographical area; and  
**New:** experience, for the same service within the same specific and limited geographical area; and
- **Old:** without regard to payments that have been discounted under governmental or private plans.  
**New:** the case in question, without regard to payments that have been discounted under governmental or private plans.

**Section 5: Past Surgical History****ADDED**

Section added in the newer version.

**Section 5: Rehabilitation Services****ADDED**

Section added in the newer version.

**Section 5: Use Projected Residual Years to calculate Projected Life Expectancy .****ADDED**

Section added in the newer version.

**Section 6: Cost/V endor Survey****MODIFIED****Added:**

- + The purpose of this Cost/V endor Survey (the “Survey”) is to enhance the transparency of the Life Care Plan’ s Cost Analysis.

**Removed:**

- - The purpose of this Cost/V endor Survey (the “Survey”) is to enhance the transparency of the Life Care Plan’ s Cost Analysis. This Survey is

**Modified:**

- **Old:** presented in two sections:  
**New:** This Survey is presented in two sections:

**Section 6: Cost/V endor Survey****REMOVED**

Section removed from the newer version.

## **Section 6: Determine the Probable Duration of Care using the following methodological sequence:** **MODIFIED**

### **Added:**

- + a. If no Adjustment to Life Expectancy is made and life-long care is required, then Probable Duration of Care =
- + Average Residual Years.
- + b. If an Adjustment to Life Expectancy is made and life-long care is required, then Probable Duration of Care =
- + Projected Residual Years.
- + c. If no Adjustment is made and less-than-life-long care is required, then Probable Duration of Care = the portion of
- + Average Residual Years during which active medical care is needed, as specified in the Future Medical
- + Requirements.
- + d. If an Adjustment is made and less-than-life-long care is required, then Probable Duration of Care = the portion of

### **Removed:**

- - a. If no Adjustment to Life Expectancy is made and life-long care is required, then Probable Duration of Care = Average Residual Years.
- - b. If an Adjustment to Life Expectancy is made and life-long care is required, then Probable Duration of Care = Projected Residual Years.
- - c. If no Adjustment is made and less-than-life-long care is required, then Probable Duration of Care = the portion of Average Residual Years
- - during which active medical care is needed, as specified in the Future Medical Requirements.
- - d. If an Adjustment is made and less-than-life-long care is required, then Probable Duration of Care = the portion of Projected Residual
- - Years during which active medical care is needed, as specified in the Future Medical Requirements.
- - To establish Natasha Birchfield's Average Residual Years, I have relied upon The National Vital Statistics Reports, United States Life Tables 2024,
- - The National Vital Statistics Reports (NVSR) provide age ranges to determine Average Residual Years (Expectation of Life at Age "X"), e.g., 54–55,

### **Modified:**

- **Old:** Volume 72, Number 12, published by the National Center for Health Statistics, a part of the United States Department of Health and Human Services.  
**New:** States Life Tables 2024, Volume 72, Number 12, published by the National Center for Health Statistics, a part of the United
- **Old:** Age "X" for that classification is 42.02 years.  
**New:** Age "X"), e.g., 54–55, 55–56. Because Natasha Birchfield is 39 years old, she falls into the NVSR's 40–45 age range
- **Old:** preexisting or recently developed comorbidities  
**New:** whether they result from preexisting or recently developed comorbidities
- **Old:** deleterious impact of Natasha Birchfield's unique risk factors on his Life Expectancy.  
**New:** risk factors may mitigate the deleterious effects of such risk factors on his Life Expectancy. I also presume the provision of
- **Old:** Average Residual Years.  
**New:** a 0% adjustment to Natasha Birchfield's Average Residual Years.
- **Old:** and disabilities, which require lifelong medical care.  
**New:** psychological impairments and disabilities, which require lifelong medical care.



***Section 6: Equipment & Supplies***

**ADDED**

Section added in the newer version.

***Section 6: Injections***

**ADDED**

Section added in the newer version.

***Section 6: Probable Duration of Care***

**ADDED**

Section added in the newer version.

***Section 6: Respiratory***

**ADDED**

Section added in the newer version.

**Section 7: Cost Analysis****MODIFIED****Added:**

- + This Cost Analysis ( "Analysis" ) quantifies the nominal monetary value of providing Natasha Birchfield with the medically
- + This Analysis quantifies all costs in nominal value, or "today' s dollars," without accounting for the time value of money , i.e.,
- + This Analysis uses Cash Method Accounting, in which values are accounted for within periods when cash outflows associated
- + When Usual Customary & Reasonable (UCR) data is used, single-value unit costs, as specified in this Life Care Plan' s
- + When multiple prices are sourced from independent vendors/providers, unit costs are the arithmetic mean, i.e., the sum
- + For items with multiple component costs, such as surgeries, all component costs are summed into a consolidated, single
- + value.
- + All quantities, intervals, and durations in this Cost Analysis are detailed under each future medical requirement heading. All

**Removed:**

- - This Cost Analysis ( "Analysis" ) quantifies the nominal monetary value of providing Natasha Birchfield with the medically related goods and
- - This Analysis quantifies all costs in nominal value, or "today' s dollars," without accounting for the time value of money , i.e., it does not account for
- - This Analysis uses Cash Method Accounting, in which values are accounted for within periods when cash outflows associated with the acquisition of
- - When Usual Customary & Reasonable (UCR) data is used, single-value unit costs, as specified in this Life Care Plan' s Cost/Vendor Sample, are
- - When multiple prices are sourced from independent vendors/providers, unit costs are the arithmetic mean, i.e., the sum of the values in the
- - For items with multiple component costs, such as surgeries, all component costs are summed into a consolidated, single value.
- - All quantities, intervals, and durations in this Cost Analysis are detailed under each future medical requirement heading. All time-related variables

**Modified:**

- **Old:** services specified in Section 5: Future Medical Requirements.  
**New:** related goods and services specified in Section 5: Future Medical Requirements.
- **Old:** inflation or discounts to formulate future and/or present values.  
**New:** it does not account for inflation or discounts to formulate future and/or present values.
- **Old:** future medical requirements are forecast to occur .  
**New:** with the acquisition of future medical requirements are forecast to occur .
- **Old:** employed.  
**New:** Cost/Vendor Sample, are employed.
- **Old:** sample divided by the number of values in the sample.  
**New:** of the values in the sample divided by the number of values in the sample.
- **Old:** align with the Gregorian calendar .  
**New:** time-related variables align with the Gregorian calendar .

**Section 7: Definition & Discussion of Quantitative Methods****REMOVED**

Section removed from the newer version.

**Section 7: Digestive****ADDED**

Section added in the newer version.

**Section 7: Environmental Modifications & Essential Services****ADDED**

Section added in the newer version.

**Section 7: Family History****ADDED**

Section added in the newer version.

**Section 8: Acute Care Services****ADDED**

Section added in the newer version.

**Section 8: Allergies****ADDED**

Section added in the newer version.

**Section 8: Probable Duration of Care****MODIFIED****Added:**

- + Present Date September 10, 2025

**Removed:**

- - Present Date October 23, 2025

**Section 8: Probable Duration of Care****REMOVED**

Section removed from the newer version.

**Section 8: Urinary****ADDED**

Section added in the newer version.

**Section 9: Circulation****ADDED**

Section added in the newer version.

**Section 9: Drug and Other Allergies****ADDED**

Section added in the newer version.

**Section 9: Summary Cost Projection Tables****MODIFIED****Added:**

- + recommended plan of care. These tables consolidate projected lifetime costs by category for ease of review .
- + Note: Projections may incorporate specialist input and will be updated if the treatment plan changes.
- + Table 1 Routine Medical Evaluation \$3,854.40
- + Table 3 Therapeutic Modalities \$51,691.54
- + Table 5 Equipment and Aids \$196,659.12
- + Table 6 Pharmacology \$23,028.00
- + Table 7 Future Aggressive Care/Surgical Intervention \$88,206,971.84
- + Table 9 Labs \$10,185.30

**Removed:**

- - The below medical cost projections were developed through methodologies defined above. Preliminary report as multiple attempts were made to
- - 1 Routine Medical Evaluations \$42,697.25
- - 3 Therapeutic Modalities \$70,137.82
- - 4 Diagnostic Testing \$24,327.43
- - 6 Pharmacology \$15,960.00
- - 7 Future Aggressive Care/Surgical Intervention \$311,559.37
- - 8 Home Care/Home Services \$96,298.40
- - 9 Labs \$7,286.27

**Modified:**

- **Old:** connect with the doctor for the doctor collaboration to no avail.  
**New:** The below medical cost projections are developed using the methodology described in Section 8 and reflect the currently
- **Old:** 2 Therapeutic Evaluations \$5,873.01  
**New:** Table 2 Therapeutic Evaluation \$8,486.75
- **Old:** 5 Equipment and Aids \$201,607.99  
**New:** Table 4 Diagnostic Testing \$385,511.41
- **Old:** Total Cost Projection \$775,747.54  
**New:** Table 8 Home Care/Home Services \$808,430.39
- **Old:** TOTAL \$1,203.87 \$1,605.16 \$42,697.25  
**New:** psychotherapy (90837) 39 77.38 38.38 4 \$352.79 \$141 1.16 \$54151.00
- **Old:** Diagnostic TestingStart  
**New:** x-ray of the cervical

**Section 9: Summary Cost Projection Tables****UNCHANGED**

No changes detected.