

Transparency in Health Care Prices Act

Senate Bill 17-065

Effective January 1, 2018

If you have health insurance coverage, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office. If you do not have health insurance coverage, you are strongly encouraged to contact our business office personnel at (720) 979-0010 to discuss payment options and/or financial resources prior to receiving a health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility. Actual services provided during a surgical procedure may vary from the scheduled procedure and price quote, including but not limited to the medically necessary use of high cost drugs, implants, supplies and any procedures other than the original quote based on individual circumstances for each patient case.

The following is a list of the most commonly provided services at the Rocky Mountain Surgery Center.

Billed CPT Code	Billed CPT Name	Self Pay Rate
43239	UPPER GI DIAGNOSTIC WITH BIOPSY, SINGLE OR MULTIPLE	\$ 1,306.88
45385	COLONOSCOPY WITH LESION REMOVAL BY SNARE	\$ 1,161.60
91035	ESOPHAGUS REFLUX TEST WITH ELECTRODE PLACEMENT AND RECORDING	\$ 1,199.04
29881	KNEE SURGERY WITH MENISCUS REPAIR/REMOVAL	\$ 3,585.76
64483	INJECTION EPIDURAL MIDDLE OR LOW SPINE	\$ 968.00
64493	JOINT INJECTION MIDDLE OR LOW SPINE-SINGLE LEVEL	\$ 968.00
29823	SHOULDER ARTHROSCOPY/SURGERY, WITH REMOVAL OF DAMAGED TISSUE OR FOREIGN OBJECT, EXTENSIVE	\$ 3,585.76
49505	REPAIR INGUINAL HERNIA OVER 5 YRS OLD	\$ 2,211.04
45378	DIAGNOSTIC COLONOSCOPY	\$ 1,161.60
64494	JOINT INJECTION MIDDLE OR LOW SPINE-2ND LEVEL	\$ 968.00
29880	KNEE SURGERY WITH MENISCUS REPAIR/REMOVAL	\$ 3,585.76
28285	REPAIR OF HAMMERTOE	\$ 1,884.16
45380	COLONOSCOPY AND BIOPSY	\$ 1,161.60
G0121	COLONOSCOPY - NOT HIGH RISK PERSON	\$ 1,161.60
66984	CATARACT SURGERY WITH LENS	\$ 1,445.60
45384	COLONOSCOPY WITH LESION REMOVAL	\$ 1,161.60
23412	REPAIR ROTATOR CUFF CHRONIC	\$ 2,743.36
G0105	COLONOSCOPY FOR HIGH RISK PERSON	\$ 1,161.60
49650	REPAIR INGUINAL HERNIA-LAPAROSCOPIC	\$ 3,058.56
28308	INCISION OR REMOVAL OF METATARSAL BONE (FOOT)	\$ 1,831.04
30140	NASAL SURGERY/REMOVAL OF INFERIOR TURBINATE	\$ 1,756.96
43235	UPPER GI EXAM-DIAGNOSTIC WITH SPECIMEN COLLECTION	\$ 1,306.88
20680	REMOVAL OF DEEP IMPLANT - PIN, PLATE, SCREW, WIRE	\$ 2,235.20
29827	ROTATOR CUFF REPAIR	\$ 3,930.24
28296	CORRECTION/REMOVAL OF BUNION	\$ 2,692.96
29888	KNEE SURGERY CRUCIATE LIGAMENT REPAIR	\$ 3,585.76