

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 Lincoln Surgery Center.

Billed CPT Code	Billed CPT Name	Self Pay Rate
66984	CATARACT SURGERY WITH LENS	\$ 1,445.60
92015	VISION TEST	\$ 53.28
64483	INJECTION EPIDURAL MIDDLE OR LOW SPINE	\$ 968.00
64493	JOINT INJECTION MIDDLE OR LOW SPINE-SINGLE LEVEL	\$ 968.00
64494	JOINT INJECTION MIDDLE OR LOW SPINE-2ND LEVEL	\$ 968.00
20610	DRAIN OR INJECT MAJOR JOINT	\$ 968.00
63650	IMPLANT ELECTRODES FOR NEUROMUSCULAR STIMULATOR	\$ 7,390.08
64490	JOINT INJECTION NECK OR UPPER SPINE-SINGLE LEVEL	\$ 968.00
64491	JOINT INJECTION NECK OR UPPER SPINE-2ND LEVEL	\$ 968.00
15823	REVISION OF UPPER EYELID	\$ 720/hour
64479	INJECTION EPIDURAL NECK OR UPPER SPINE	\$ 968.00
64484	SPINAL INJECTION EPIDURAL ADDITIONAL LEVELS	\$ 968.00
62321	SPINAL INJECTION NECK OR UPPER SPINE	\$ 1,056.00
64634	DESTROY NECK/UPPER SPINE JOINT NERVES-ADDL JOINTS	\$ 968.00
29881	KNEE SURGERY WITH MENISCUS REPAIR/REMOVAL	\$ 3,585.76
64636	DESTROY MIDDLE/LOWER SPINE JOINT NERVES-ADDITIONAL JOINTS	\$ 968.00
64633	DESTROY NECK/UPPER SPINE JOINT NERVES-SINGLE JOINT	\$ 968.00
G0121	COLONOSCOPY - NOT HIGH RISK PERSON	\$ 1,161.60
27130	TOTAL HIP REPLACEMENT	\$ 12,500.00
45385	COLONOSCOPY WITH LESION REMOVAL BY SNARE	\$ 1,161.60
28285	REPAIR OF HAMMERTOE	\$ 1,884.16
G0260	INJECTION FOR SACROILIAC (SI) JOINT	\$ 968.00
52356	BLADDER, URETHRA AND KIDNEY EXAM WITH SCOPE WITH REMOVAL/DESTRUCTION OF STONE	\$ 3,273.92
45378	DIAGNOSTIC COLONOSCOPY	\$ 1,161.60
45380	COLONOSCOPY AND BIOPSY	\$ 1,161.60
64520	SPINE BLOCK UPPER/MIDDLE	\$ 862.24
64640	INJECTION TREATMENT OF SPINAL NERVE	\$ 1,254.08
0191T	INSERT DRAINAGE DEVICE IN EYE	\$ 1,990.72