

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 | \$ 1,626.30 |
| 92015 | VISION TEST | \$ 59.94 |
| 64483 | INJECTION EPIDURAL MIDDLE OR LOW SPINE | \$ 1,089.00 |
| 64493 | JOINT INJECTION MIDDLE OR LOW SPINE-SINGLE LEVEL | \$ 1,089.00 |
| 64494 | JOINT INJECTION MIDDLE OR LOW SPINE-2ND LEVEL | \$ 1,089.00 |
| 20610 | DRAIN OR INJECT MAJOR JOINT | \$ 1,089.00 |
| 63650 | IMPLANT ELECTRODES FOR NEUROMUSCULAR STIMULATOR | \$ 8,313.84 |
| 64490 | JOINT INJECTION NECK OR UPPER SPINE-SINGLE LEVEL | \$ 1,089.00 |
| 64491 | JOINT INJECTION NECK OR UPPER SPINE-2ND LEVEL | \$ 1,089.00 |
| 15823 | REVISION OF UPPER EYELID | \$ 720/hour |
| 64479 | INJECTION EPIDURAL NECK OR UPPER SPINE | \$ 1,089.00 |
| 64484 | SPINAL INJECTION EPIDURAL ADDITIONAL LEVELS | \$ 1,089.00 |
| 62321 | SPINAL INJECTION NECK OR UPPER SPINE | \$ 1,188.00 |
| 64634 | DESTROY NECK/UPPER SPINE JOINT NERVES-ADDL JOINTS | \$ 1,089.00 |
| 29881 | KNEE SURGERY WITH MENISCUS REPAIR/REMOVAL | \$ 4,033.98 |
| 64636 | DESTROY MIDDLE/LOWER SPINE JOINT NERVES-ADDITIONAL JOINTS | \$ 1,089.00 |
| 64633 | DESTROY NECK/UPPER SPINE JOINT NERVES-SINGLE JOINT | \$ 1,089.00 |
| G0121 | COLONOSCOPY - NOT HIGH RISK PERSON | \$ 1,306.80 |
| 27130 | TOTAL HIP REPLACEMENT | \$ 12,500.00 |
| 45385 | COLONOSCOPY WITH LESION REMOVAL BY SNARE | \$ 1,306.80 |
| 28285 | REPAIR OF HAMMERTOE | \$ 2,119.68 |
| G0260 | INJECTION FOR SACROILIAC (SI) JOINT | \$ 1,089.00 |
| 52356 | BLADDER, URETHRA AND KIDNEY EXAM WITH SCOPE WITH REMOVAL/DESTRUCTION OF STONE | \$ 3,683.16 |
| 45378 | DIAGNOSTIC COLONOSCOPY | \$ 1,306.80 |
| 45380 | COLONOSCOPY AND BIOPSY | \$ 1,306.80 |
| 64520 | SPINE BLOCK UPPER/MIDDLE | \$ 970.02 |
| 64640 | INJECTION TREATMENT OF SPINAL NERVE | \$ 1,410.84 |
| 0191T | INSERT DRAINAGE DEVICE IN EYE | \$ 2,239.56 |