

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 Sky Ridge Surgery Center.

Billed CPT Code	Billed CPT Name	Self Pay Rate
30140	NASAL SURGERY/REMOVAL OF INFERIOR TURBINATE	\$ 1,976.58
30520	REPAIR OF NASAL SEPTUM	\$ 1,507.50
31267	EXPLORATION NASAL/MAXILLARY SINUS WITH TISSUE REMOVAL	\$ 2,045.70
43239	UPPER GI-DIAGNOSTIC WITH BIOPSY, SINGLE OR MULTIPLE	\$ 1,470.24
64483	INJECTION EPIDURAL MIDDLE OR LOW SPINE	\$ 1,089.00
31255	REMOVAL OF ETHMOID SINUS-TOTAL	\$ 2,242.80
66984	CATARACT SURGERY WITH LENS	\$ 1,626.30
19083	BREAST BIOPSY WITH PLACEMENT OF LOCATION DEVICE, FIRST LESION, WITH ULTRASOUND	\$ 2,770.74
45380	COLONOSCOPY AND BIOPSY	\$ 1,306.80
49650	REPAIR INGUINAL HERNIA-LAPAROSCOPIC	\$ 3,440.88
62323	SPINAL INJECTION MIDDLE AND LOW SPINE	\$ 1,188.00
29826	SHOULDER ARTHROSCOPY/SURGERY WITH LIGAMENT RELEASE	\$ 4,421.52
67311	REVISE EYE MUSCLE HORIZONTAL	\$ 1,964.34
31254	REVISION OF ETHMOID SINUS-PARTIAL	\$ 2,455.02
31240	NASAL/SINUS ENDOSCOPY SURGERY	\$ 1,992.24
64493	JOINT INJECTION MIDDLE OR LOW SPINE-SINGLE LEVEL	\$ 1,089.00
54640	TREATMENT OF SUSPENDED TESTICLES	\$ 1,808.46
69436	CREATE EARDRUM OPENING	\$ 1,961.64
30465	REPAIR NASAL WALL	\$ 2,615.76
42821	REMOVE TONSILS AND ADENOIDS-OVER 12 YEARS	\$ 1,915.74
29823	SHOULDER ARTHROSCOPY/SURGERY, WITH REMOVAL OF DAMAGED TISSUE OR FOREIGN OBJECT, EXTENSIVE	\$ 4,033.98
29881	KNEE SURGERY WITH MENISCUS REPAIR/REMOVAL	\$ 4,033.98
19301	PARTIAL BREAST REMOVAL, LUMPECTOMY	\$ 1,753.92
42826	REMOVAL OF TONSILS-OVER 12 YEARS	\$ 1,915.74
45378	DIAGNOSTIC COLONOSCOPY	\$ 1,306.80
66821	AFTER CATARACT LASER SURGERY	\$ 871.20