

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 Red Rocks Surgery Center.

Billed CPT Code	Billed CPT Name	Self Pay Rate
45385	COLONOSCOPY WITH LESION REMOVAL BY SNARE	\$ 1,306.80
G0121	COLONOSCOPY - NOT HIGH RISK PERSON	\$ 1,306.80
64483	INJECTION EPIDURAL MIDDLE OR LOW SPINE	\$ 1,089.00
64636	DESTROY MIDDLE/LOWER SPINE JOINT NERVES-ADDITIONAL JOINTS	\$ 1,089.00
45380	COLONOSCOPY AND BIOPSY	\$ 1,306.80
64493	JOINT INJECTION MIDDLE OR LOW SPINE-SINGLE LEVEL	\$ 1,089.00
30140	NASAL SURGERY/REMOVAL OF INFERIOR TURBINATE	\$ 1,976.58
64635	DESTROY MIDDLE/LOWER SPINE JOINT NERVES-SINGLE JOINT	\$ 1,089.00
64494	JOINT INJECTION MIDDLE OR LOW SPINE-2ND LEVEL	\$ 1,089.00
43239	UPPER GI DIAGNOSTIC WITH BIOPSY, SINGLE OR MULTIPLE	\$ 1,470.24
19083	BREAST BIOPSY WITH PLACEMENT OF LOCATION DEVICE, FIRST LESION, WITH ULTRASOUND	\$ 2,770.74
64490	JOINT INJECTION NECK OR UPPER SPINE-SINGLE LEVEL	\$ 1,089.00
30520	REPAIR OF NASAL SEPTUM	\$ 1,507.50
64484	SPINAL INJECTION EPIDURAL ADDITIONAL LEVELS	\$ 1,089.00
64479	INJECTION EPIDURAL NECK OR UPPER SPINE	\$ 1,089.00
64491	JOINT INJECTION NECK OR UPPER SPINE-2ND LEVEL	\$ 1,089.00
64495	JOINT INJECTION MIDDLE OR LOW SPINE-3RD OR ADDL LEVEL	\$ 1,089.00
64634	DESTROY NECK/UPPER SPINE JOINT NERVES-ADDL JOINTS	\$ 1,089.00
64640	INJECTION TREATMENT OF SPINAL NERVE	\$ 1,410.84
G0105	COLONOSCOPY FOR HIGH RISK PERSON	\$ 1,306.80
66984	CATARACT SURGERY WITH LENS	\$ 1,626.30
67108	REPAIR DETACHED RETINA	\$ 3,367.62
31255	REMOVAL OF ETHMOID SINUS-TOTAL	\$ 2,242.80
64633	DESTROY NECK/UPPER SPINE JOINT NERVES-SINGLE JOINT	\$ 1,089.00
45378	DIAGNOSTIC COLONOSCOPY	\$ 1,306.80