

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 Rose Surgery Center.

Billed CPT Code	Billed CPT Name	Self Pay Rate
45380	COLONOSCOPY AND BIOPSY	\$ 1,306.80
43239	UPPER GI-DIAGNOSTIC WITH BIOPSY, SINGLE OR MULTIPLE	\$ 1,470.24
64483	INJECTION EPIDURAL MIDDLE OR LOW SPINE	\$ 1,089.00
45385	COLONOSCOPY WITH LESION REMOVAL BY SNARE	\$ 1,306.80
64484	SPINAL INJECTION EPIDURAL ADDITIONAL LEVELS	\$ 1,089.00
G0121	COLONOSCOPY - NOT HIGH RISK PERSON	\$ 1,306.80
45378	DIAGNOSTIC COLONOSCOPY	\$ 1,306.80
64493	JOINT INJECTION MIDDLE OR LOW SPINE-SINGLE LEVEL	\$ 1,089.00
G0105	COLONOSCOPY FOR HIGH RISK PERSON	\$ 1,306.80
66984	CATARACT SURGERY WITH LENS	\$ 1,626.30
64494	JOINT INJECTION MIDDLE OR LOW SPINE-2ND LEVEL	\$ 1,089.00
30930	FRACTURE NASAL INFERIOR TURBINATE-THERAPEUTIC	\$ 1,992.24
G0260	INJECTION FOR SACROILIAC (SI) JOINT	\$ 1,089.00
31256	EXPLORATION NASAL/MAXILLARY SINUS	\$ 2,057.94
31276	EXPLORATION NASAL/FRONTAL SINUS WITH OR W/OUT TISSUE REMOVAL	\$ 2,368.80
49650	REPAIR INGUINAL HERNIA-LAPAROSCOPIC	\$ 3,440.88
29881	KNEE SURGERY WITH MENISCUS REPAIR/REMOVAL	\$ 4,033.98
31255	REMOVAL OF ETHMOID SINUS-TOTAL	\$ 2,242.80
62323	SPINAL INJECTION MIDDLE AND LOW SPINE	\$ 1,188.00
43235	UPPER GI EXAM-DIAGNOSTIC WITH SPECIMEN COLLECTION	\$ 1,470.24
43249	UPPER GI WITH OPENING OF ESOPHAGUS <30 MM	\$ 1,470.24
30520	REPAIR OF NASAL SEPTUM	\$ 1,507.50
62321	SPINAL INJECTION NECK OR UPPER SPINE	\$ 1,188.00
29826	SHOULDER ARTHROSCOPY/SURGERY WITH LIGAMENT RELEASE	\$ 4,421.52
46260	REMOVE INTERNAL AND/OR EXTERNAL HEMORRHOIDS	\$ 2,711.34