



Colorado Transparency in Healthcare Prices Act Disclosure

Colorado law requires our providers to disclose the price charged most frequently in the past year for the 15 most common health services provided in this office. The prices that you see below are only an estimate of the actual charges for the health care service listed below. All final pricing will depend on many different factors including the circumstances at the time the service is rendered, negotiated rates with your insurance company, and negotiated payment options with our billing office.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurance company to determine what your financial responsibility is for a specific health care service provided by any of our doctors.

While this required price disclosure list may reflect examples of a range of pricing for different services, these do not represent the exact amounts paid for such services every time. The actual amounts paid by insurance companies or by individual patients may vary from this list, either up or down, depending of the unique circumstances.

If you are not covered by health insurance, you are strongly encouraged to contact our billing office at [phone number] to discuss your payment options prior to receiving a health care service from any of our providers.

SpineOne

| CPT code | Description | Estimated Cost |
|----------|--|----------------|
| 99213 | OFC/OUTPT VISIT E&M ESTABLISHED 15 MIN | \$113.00 |
| 99203 | OFC/OUTPTVISIT E&M NEW 30 MIN | \$167.00 |
| 64483 | TRANSFORAM ESI, LUMBAR/SACRAL UNI-LAT | \$339.00 |
| 64483 | TRANSFORAM ESI, LUMBAR/SACRAL BI-LAT | \$678.00 |
| 64484 | TRANSFORAMINAL ESI LUMBAR/SACRAL ADD LEVEL UNI-LAT | \$143.00 |
| 64484 | TRANSFORAMINAL ESI LUMBAR/SACRAL ADD LEVEL BI-LAT | \$286.00 |
| 72170 | XRAY PELVIS A/P | \$50.00 |
| 72100 | XRAY LUMBAR 2/3 VIEWS | \$54.00 |
| 96372 | THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION | \$32.00 |
| 64493 | FACET JT/NRV LUMBOSACRAL 1ST LEVEL UNI-LAT | \$267.00 |
| 64493 | FACET JT/NRV LUMBOSACRAL 1ST LEVEL BI-LAT | \$534.00 |
| 72040 | XRAY CERVICAL SPINE 2/3 VIEWS | \$51.00 |
| 64494 | FACET JT/NRV INJ LUMBOSACRAL 2ND LEVEL UNI-LAT | \$134.00 |
| 64494 | FACET JT/NRV INJ LUMBOSACRAL 2ND LEVEL BI-LAT | \$268.00 |
| 64495 | FACET JT/NRV INJ LUMBOSACRAL 3RD LEVEL UNI-LAT | \$134.00 |
| 64495 | FACET JT/NRV INJ LUMBOSACRAL 3RD LEVEL BI-LAT | \$268.00 |
| 62321 | INJECTION INTRALAMINAR CERV/THORACIC | \$386.00 |

| CPT code | Description | Estimated Cost |
|-----------------|--|-----------------------|
| 64490 | FACET JT/NRV INJ CERVICAL/THORACIC UNI-LAT | \$294.00 |
| 64490 | FACET JT/NRV INJ CERVICAL/THORACIC BI-LAT | \$588.00 |
| 64491 | FACET JT/NRV INJ CERVICAL/THORACIC 2ND LEVEL UNI-LAT | \$144.00 |
| 64491 | FACET JT/NRV INJ CERVICAL/THORACIC 2ND LEVEL BI-LAT | \$288.00 |
| 64492 | FACET JT/NRV INJ CERVICAL/THORACIC 3RD LEVEL UNI-LAT | \$146.00 |
| 64492 | FACET JT/NRV INJ CERVICAL/THORACIC 3RD LEVEL BI-LAT | \$290.00 |

The Surgery Center at Lone Tree

| CPT code | Description | Estimated Cost |
|-----------------|---|-----------------------|
| 64483 | TRANSFORAM ESI, LUMBAR/SACRAL UNI-LAT | \$528.00 |
| 64483 | TRANSFORAM ESI, LUMBAR/SACRAL BI-LAT | \$791.00 |
| 64484 | TRANSFORAMINAL ESI LUMBAR/SACRAL ADD LEVEL UNI-LAT | \$264.00 |
| 64484 | TRANSFORAMINAL ESI LUMBAR/SACRAL ADD LEVEL BI-LAT | \$396.00 |
| 64493 | FACET JT/NRV LUMBOSACRAL 1ST LEVEL UNI-LAT | \$528.00 |
| 64493 | FACET JT/NRV LUMBOSACRAL 1ST LEVEL BI-LAT | \$791.00 |
| 64494 | FACET JT/NRV INJ LUMBOSACRAL 2ND LEVEL UNI-LAT | \$264.00 |
| 64494 | FACET JT/NRV INJ LUMBOSACRAL 2ND LEVEL BI-LAT | \$396.00 |
| 64495 | FACET JT/NRV INJ LUMBOSACRAL 3RD LEVEL UNI-LAT | \$132.00 |
| 64495 | FACET JT/NRV INJ LUMBOSACRAL 3RD LEVEL BII-LAT | \$198.00 |
| 62321 | INJECTION INTRALAMINAR CERV/THORACIC | \$428.00 |
| 64490 | FACET JT/NRV INJ CERVICAL/THORACIC UNI-LAT | \$528.00 |
| 64490 | FACET JT/NRV INJ CERVICAL/THORACIC BI-LAT | \$791.00 |
| 64491 | FACET JT/NRV INJ CERVICAL/THORACIC 2ND LEVEL UNI-LAT | \$264.00 |
| 64491 | FACET JT/NRV INJ CERVICAL/THORACIC 2ND LEVEL BI-LAT | \$396.00 |
| 64492 | FACET JT/NRV INJ CERVICAL/THORACIC 3RD LEVEL UNI-LAT | \$132.00 |
| 64492 | FACET JT/NRV INJ CERVICAL/THORACIC 3RD LEVEL BI-LAT | \$198.00 |
| 64636 | DESTRUCTION BY NEUROLYTIC AGENT LUMBAR/SACRAL ADD LEVEL UNI-LAT | \$593.00 |
| 64636 | DESTRUCTION BY NEUROLYTIC AGENT LUMBAR/SACRAL ADD LEVEL BI-LAT | \$888.00 |
| 64635 | DESTRUCTION BY NEUROLYTIC AGENT LUMBAR/SACRAL UNI-LAT | \$1,185.00 |
| 64635 | DESTRUCTION BY NEUROLYTIC AGENT LUMBAR/SACRAL BI-LAT | \$1,776.00 |
| 64634 | DESTRUCTION BY NEUROLYTIC AGENT CERVICAL/THORACIC ADD LEVEL UNI-LAT | \$297.00 |
| 64634 | DESTRUCTION BY NEUROLYTIC AGENT CERVICAL/THORACIC ADD LEVEL BII-LAT | \$888.00 |
| 64633 | DESTRUCTION BY NEUROLYTIC AGENT CERVICAL/THORACIC UNI-LAT | \$1,185.00 |
| 64633 | DESTRUCTION BY NEUROLYTIC AGENT CERVICAL/THORACIC BI-LAT | \$1,776.00 |
| 27096 | SI JOINT INJ | \$428.00 |
| 27096 | SI Joint INJ BI-LAT | \$690.00 |
| 64640 | NEUROLYTIC DESTRUCTION OTHER PERIPHERAL NERVE | \$132.00 |
| 63650 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR | \$6,933.00 |

| CPT code | Description | Estimated Cost |
|-----------------|--------------------------------------|-----------------------|
| 20610 | INJECTION /ASPIRATION LARGE JOINT | \$44.00 |
| 64479 | TRANSFORAMINAL ESI CERVICAL/THORACIC | \$528.00 |
| 20600 | INJECTION/ASPIRATION SMALL JOINT | \$35.00 |

Park Meadows Anesthesia

| CPT code | Description | Estimated Cost |
|-----------------|------------------------------------|-----------------------|
| 01992 | Monitored Anesthesia Care- 6 Units | \$66.72 |
| 01992 | Monitored Anesthesia Care- 7 Units | \$77.84 |
| 01992 | Monitored Anesthesia Care- 8 Units | \$88.96 |
| 01992 | Monitored Anesthesia Care- 9 Units | \$100.08 |