

IN ACCORDANCE WITH COLORADO SENATE BILL 17-065 ORTHOPAEDIC & SPINE CENTER OF THE ROCKIES IS REQUIRED TO DISCLOSE THE CHARGES WE IMPOSE FOR COMMON HEALTH CARE SERVICES WHEN PAYMENT IS MADE DIRECTLY TO ORTHOPAEDIC & SPINE CENTER OF THE ROCKIES RATHER THAN BY A THIRD PARTY SUCH AS AN INSURANCE COMPANY.

THE HEALTH CARE PRICE FOR ANY GIVEN HEALTH CARE SERVICE IS AN ESTIMATE AND THE ACTUAL CHARGES FOR THE HEALTH CARE SERVICE ARE DEPENDENT ON THE CIRCUMSTANCES AT THE TIME THE SERVICE IS RENDERED.

IF YOU ARE COVERED BY HEALTH INSURANCE, 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 AT THIS HEALTH CARE FACILITY. IF YOU ARE NOT COVERED BY HEALTH INSURANCE, YOU ARE STRONGLY ENCOURAGED TO CONTACT ORTHOPAEDIC AND SPINE CENTER OF THE ROCKIES AT 970-493-5615 TO DISCUSS PAYMENT OPTIONS. POSTED HEALTH CARE PRICES MAY NOT REFLECT THE ACTUAL AMOUNT OF YOUR FINANCIAL RESPONSIBILITY.

FACILITY CHARGES ARE BASED ON AN ANNUAL AVERAGE AND WILL VARY GIVEN YOUR UNIQUE CIRCUMSTANCES. PRICES SUBJECT TO CHANGE.

<b>Clinic Services at OCR</b>		
<b>CPT CODE</b>	<b>PROCEDURE DESCRIPTION</b>	<b>Charge</b>
99214	New Patient Office Visit, Problem focused, High complexity	\$250.00
99213	Established Patient Office Visit, Problem focused, medium complexity	\$170.00
99212	Established Patient Office Visit, Problem focused, low complexity	\$84.00
99203	New Patient Office Visit, Problem focused, medium complexity	\$207.00
99202	New Patient Office Visit, Problem focused, low complexity	\$144.00
97161	Physical therapy evaluation, low complexity	\$166.00
97140	Manual therapy techniques 1 or more regions, each 15 minutes	\$51.00
97110	Therapeutic Procedure 1+ Areas	\$55.00
73630	X-ray Foot 3 or more views	\$79.00
73564	X-Ray knee; complete, 4 or more views	\$110.00
73562	X-Ray Knee 3 Views	\$94.00
73560	X-Ray Knee 1 or 2 Views	\$78.00
73502	X-Ray Hip 2-3 Views	\$90.00
73030	X-Ray Shoulder 2 or more views	\$77.00
20610	Aspiration/Injection major joint	\$196.00

**Ambulatory Surgical Facility Services**

CPT CODE	PROCEDURE DESCRIPTION	AVERAGE CHARGE
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	\$4,000.00
22633	Arthrodesis, lumbar including laminectomy and/or discectomy sufficient to prepare interspace single interspace and segment	\$36,000.00
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	\$30,000.00
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	\$6,000.00
26055	Tendon sheath incision (eg, for trigger finger)	\$2,000.00
27095	Injection procedure for hip arthrography; with anesthesia	\$2,500.00
27130	Arthroplasty (total hip replacement)	\$25,000.00
27447	Arthroplasty, (total knee replacement)	\$25,000.00
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$12,000.00
29822	Arthroscopy, shoulder, surgical; with limited debridement	\$5,500.00
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$4,000.00
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$10,000.00
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$4,500.00
29880	Arthroscopy, knee, surgical; with meniscectomy	\$4,500.00
29881	Arthroscopy, knee, surgical; with meniscectomy with debridement	\$4,500.00
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$12,000.00
29916	HIP ARTHRO W LABRAL REPAIR	\$13,000.00
62321	Injection(s), of diagnostic or therapeutic substance(s), not including needle or catheter placement, interlinear epidural or subarachnoid, cervical or thoracic; with imaging guidance	\$999.97
62323	Injection(s), of diagnostic or therapeutic substance(s), interlinear epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance	\$2,000.00
63030	Laminotomy (hemi laminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	\$7,000.00
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	\$1,000.00
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance cervical or thoracic; single level	\$1,000.00
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint (or nerves innervating that joint) with image guidance lumbar or sacral; single level	\$1,000.00
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	\$2,000.00
64721	Carpal Tunnel	\$3,000.00

UPDATED September 2022