

Transparency in Health Care Prices

In accordance with C.R.S. § 25-49-103 and C.R.S. § 25-49-104, Orthopaedic and Spine Center of the Rockies is required by law to provide the prices for common healthcare services provided to patients at our outpatient clinics, as well as our four ambulatory surgery centers (ASCs). These prices reflect the amount charged by OCR when payment is made directly, rather than by a third party such as an insurance company.

Disclosures:

The healthcare price for any given healthcare service is an estimate. The actual charges for the healthcare 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 healthcare service provided by a healthcare provider at this office. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 970-493-5615 to discuss payment options prior to receiving a healthcare service from a healthcare provider at this office since posted healthcare prices may not reflect the actual amount of your financial responsibility.

Date Last Updated: 7/18/2024

Clinic Services at Orthopaedic and Spine Center of the Rockies:

| Billing Code | Description | Estimated Charge |
|--------------|---|------------------|
| 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | \$55 |
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes | \$51 |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making | \$170 |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes | \$60 |
| 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities | \$57 |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making | \$250 |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making | \$207 |
| 73562 | Radiologic examination, knee; 3 views | \$94 |
| 20610 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance | \$196 |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making | \$84 |
| 73030 | Radiologic examination, shoulder; complete, minimum of 2 views | \$77 |
| 73560 | Radiologic examination, knee; 1 or 2 views | \$78 |
| J3301 | Injection, Kenalog (triamcinolone acetonide), not otherwise specified, per10 MG | \$4 |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making | \$313 |
| 73502 | Radiologic exam, hip, unilateral; 2-3 views; with pelvis when performed | \$90 |

Note: Actual charges may be higher or lower than those reported here and are subject to change.

Facility Services at OCR Fort Collins ASC & CCC, LLC

| Billing Code | Description | Estimated Charge |
|--------------|--|---------------------|
| 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level | \$400 - \$2,321 |
| 64483 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level | \$1,241 - \$2112 |
| 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | \$24,780 - \$26,514 |
| G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography | \$400 - \$1,752 |
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | \$11,538 - \$14,874 |
| 62323 | NJX INTERLAMINAR LMBR/SAC, Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar | \$1,433 - \$2,042 |
| 26055 | Tendon sheath incision (eg, for trigger finger) | \$741 - \$2,673 |
| 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | \$5,964 - \$7,265 |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel | \$2,015 - \$3,354 |
| 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | \$13,186 - \$17,329 |
| 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint | \$400 - \$3,517 |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | \$25,935 |
| 27096 | Injection procedure for SI joint, anesthetic/steroid, with image guidance including arthrography when performed | \$1,372 - \$2,040 |
| 63030 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar | \$8,117 - \$9,770 |
| 22633 | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar | \$29,093 - \$37,800 |
| 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) | \$833 - \$7,619 |
| 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) | \$32,963 - \$37,374 |
| 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level | \$2,733 - \$3,573 |
| 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | \$14,497 - \$18,952 |
| 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | \$5,762 - \$6,989 |
| 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) | \$4,624 - \$6,763 |
| 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) | \$10,551 - \$12,384 |
| 23515 | Open treatment of clavicular fracture, includes internal fixation, when performed | \$11,140 - \$15,194 |
| 29848 | Endoscopy, wrist, surgical, with release of transverse carpal ligament | \$3,684 - \$4,979 |
| 62321 | NJX INTERLAMINAR CRV/THRC, Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar | \$2,219 - \$3,316 |

Note: Estimated charges represent the 25th and 75th percentiles, where applicable. Actual charges may be higher or lower than those reported here.

Facility Services at OCR Loveland ASC & CCC, LLC

| Billing Code | Description | Estimated Charge |
|--------------|---|---------------------|
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | \$25,935 - \$26,068 |
| 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | \$24,780 - \$25,506 |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel | \$2,715 - \$4,409 |
| 26055 | Tendon sheath incision (eg, for trigger finger) | \$827 - \$4,126 |
| 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | \$5,188 - \$6,436 |
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | \$11,655 - \$14,532 |
| 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | \$11,251 - \$15,059 |
| 29916 | HIP ARTHRO ACETABULOPLASTY | \$14,540 - \$17,867 |
| 25447 | Arthroplasty, interposition, intercarpal or carpometacarpal joints | \$7,881 - \$9,609 |
| 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | \$5,504 - \$6,642 |
| 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) | \$5,203 - \$7,661 |
| 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) | \$1,401 - \$8,693 |
| 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | \$12,826 - \$15,573 |
| 26480 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon | \$833 - 1,401 |
| 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow | \$5,795 - \$7,725 |
| 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute | \$9,874 - \$12,021 |
| 29848 | Endoscopy, wrist, surgical, with release of transverse carpal ligament | \$3,904 - \$5,311 |
| 29846 | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement | \$6,442 - \$8,100 |
| 27650 | Repair, primary, open or percutaneous, ruptured Achilles tendon; | \$7,812 - \$11,194 |
| 29822 | Arthroscopy, shoulder, surgical; debridement, limited | \$7,093 - \$8,343 |
| 27698 | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) | \$8,879 - \$11,194 |
| 23472 | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder)) | \$32,678 - \$36,439 |
| 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular | \$12,106 - \$14,021 |
| 25000 | Incision, extensor tendon sheath, wrist (eg, deQuervains disease) | \$2,172 - \$4,333 |
| 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) | \$8,786 - \$11,908 |

Note: Estimated charges represent the 25th and 75th percentiles, where applicable. Actual charges may be higher or lower than those reported here.

Facility Services at Front Range Orthopedic Surgery Center, LLC

| Billing Code | Description | Estimated Charge |
|--------------|---|---------------------|
| C1713 | Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) | \$1,200 - \$3,630 |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel | \$2,310 - \$2,885 |
| 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | \$4,390 - \$4,831 |
| 26055 | Tendon sheath incision (eg, for trigger finger) | \$2,290 - \$2,687 |
| 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair | \$9,640 - \$10,825 |
| 29823 | Arthroscopy, shoulder, surgical; debridement, extensive | \$2,166 - \$2,977 |
| 23430 | Tenodesis of long tendon of biceps | \$4,793 - \$9,008 |
| 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction | \$11,235 - \$12,467 |
| 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) | \$4,330 - \$5,091 |
| 25447 | Arthroplasty, interposition, intercarpal or carpometacarpal joints | \$4,950 - \$6,556 |
| 26160 | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger | \$1,980 - \$2,701 |
| 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow | \$4,470 - \$5,328 |
| 26480 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon | \$1,401 - \$1,499 |
| 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy | \$11,680 - \$28,497 |
| 27447 | Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) | \$24,780 - \$28,497 |
| 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed | \$4,540 - \$4,943 |
| 24342 | Reinsertion of ruptured biceps/triceps tendon, distal, with or without tendon graft | \$8,711 - \$9,585 |
| 25609 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments | \$10,130 - \$12,232 |
| 25111 | Excision of ganglion, wrist (dorsal or volar); primary | \$2,880 - \$3,295 |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft | \$25,935 - \$29,826 |
| 25608 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments | \$8,520 - \$9,765 |
| 26727 | Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each | \$4,460 - \$5,039 |
| 26123 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); | \$4,960 - \$6,029 |
| 25607 | Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation | \$8,420 - \$9,896 |
| 26615 | Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone | \$7,830 - \$9,233 |

Note: Estimated charges represent the 25th and 75th percentiles, where applicable. Actual charges may be higher or lower than those reported here.