

IN ACCORDANCE WITH COLORADO SENATE BILL 17-065 FRONT RANGE ORTHOPEDICS & SPINE AND FRONT RANGE ORTHOPEDIC SURGERY CENTER ARE REQUIRED TO DISCLOSE THE CHARGES WE IMPOSE FOR COMMON HEALTH CARE SERVICES WHEN PAYMENT IS MADE DIRECTLY TO FRONT RANGE ORTHOPEDICS & SPINE OR FRONT RANGE ORTHOPEDIC SURGERY CENTER 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 FRONT RANGE ORTHOPEDICS & SPINE AT 720-494-3214 OR FRONT RANGE ORTHOPEDIC SURGERY CENTER AT 720-494-3218 TO DISCUSS PAYMENT OPTIONS. POSTED HEALTH CARE PRICES MAY NOT REFLECT THE ACTUAL AMOUNT OF YOUR FINANCIAL RESPONSIBILITY.

FACILITY CHARGES MAY HAVE ADDITIONAL IMPLANT COSTS DEPENDENT ON THE HEALTH CARE SERVICES PROVIDED.

Clinic Services Provided at Front Range Orthopedics & Spine			
CPT CODE	PROCEDURE DESCRIPTION		CHARGE
99202	New Patient Office Visit, Problem focused, low complexity		\$125.00
99203	New Patient Office Visit, Problem focused, medium complexity		\$186.00
99212	Established Patient Office Visit, Problem focused, low complexity		\$73.00
99213	Established Patient Office Visit, Problem focused, medium complexity		\$102.00
99214	Established Patient Office Visit, Problem focused, high complexity		\$159.00
97110	Therapeutic Procedure 1 + Areas		\$56.00
97140	Manual therapy techniques 1 or more regions, each 15 minutes		\$48.00
97161	Physical therapy evaluation, low complexity		\$130.00
72100	X-Ray, Lumbar 2 or 3 views		\$74.00
73030	X-Ray, Shoulder 2 or more views		\$62.00
73502	X-Ray, Hip 2 to 3 views		\$74.00
73562	X-Ray, Knee 3 views		\$63.00
73610	X-Ray, Ankle 3 views		\$57.00
73630	X-Ray, Foot, 3 or more views		\$57.00
20610	Aspiration/Injection major joint		\$180.00

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Front Range Orthopedic Surgery Center Services		
CPT CODE	PROCEDURE DESCRIPTION	CHARGE
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail rod or plate)	\$3,450.00
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	\$5,450.00
23430	Tenodesis of long tendon of biceps	\$3,850.00
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	\$3,450.00
24359	Tenotomy, elbow, lateral or medial debridement, soft tissue and/or bone, open with tendon repair or reattachment	\$3,450.00
25111	Excision of ganglion, wrist (dorsal or volar); primary	\$3,450.00
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	\$5,000.00
26055	Tendon sheath incision (eg, for trigger finger)	\$3,100.00
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue arrangement, or skin grafting (includes obtaining graft)	\$3,850.00
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst or ganglion), hand or finger	\$3,450.00
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	\$3,450.00
26860	Arthrodesis, interphalangeal joint, with or without fixation	\$3,450.00
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	\$3,450.00
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	\$3,450.00
29822	Arthroscopy, shoulder, surgical; debridement, limited	\$3,450.00
29823	Arthroscopy, shoulder, surgical; debridement, extensive	\$3,450.00
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	\$5,000.00
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$5,000.00
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	\$3,850.00
29880	Arthroscopy, knee, surgical; with meniscectomy	\$3,850.00
29881	Arthroscopy, knee, surgical; with meniscectomy with debridement	\$3,850.00
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	\$3,450.00
62323	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 epidural or subarachnoid, lumbar or sacral (caudal), with imaging guidance (ie, fluoroscopy or CT)	\$1,850.00
64718	Neuroplasty and/or transposition; ulnar nerve at wrist	\$3,100.00
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$3,100.00

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