

## AUDUBON AMBULATORY SURGERY CENTER TOP 25 PROCEDURES FEE SCHEDULE

HCPCS Code	Description	Price
20680	REMOVAL OF SUPPORT IMPLANT	\$3,138.00
23430	REPAIR BICEPS TENDON	\$5,356.00
26055	INCISE FINGER TENDON SHEATH	\$2,178.00
29827	ARTHROSCOPY ROTATOR CUFF REPAIR	\$5,356.00
29828	ARTHROSCOPY BICEPS TENODESIS	\$5,356.00
29881	KNEE ARTHROSCOPY/SURGERY	\$3,779.00
29888	KNEE ARTHROSCOPY/SURGERY	\$5,356.00
30140	RESECT INFERIOR TURBINATE	\$2,811.00
30520	REPAIR OF NASAL SEPTUM	\$2,811.00
31255	REMOVAL OF ETHMOID SINUS	\$3,480.00
41899	DENTAL SURGERY PROCEDURE	\$2,000.00
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$4,128.00
49505	PRP I/HERN INIT REDUC >5 YR	\$3,934.00
52356	CYSTO/URETERO W/LITHOTRIPSY	\$3,458.00
52601	PROSTATECTOMY (TURP)	\$3,458.00
62321	NJX INTERLAMINAR CRV/THRC	\$1,600.00
62323	NJX INTERLAMINAR LMBR/SAC	\$1,600.00
64483	INJ FORAMEN EPIDURAL L/S	\$1,600.00
64490	INJ PARAVERT F JNT C/T 1 LEV	\$1,600.00
64493	INJ PARAVERT F JNT L/S 1 LEV	\$1,600.00
64633	DESTROY CERV/THOR FACET JNT	\$1,600.00
64635	DESTROY LUMB/SAC FACET JNT	\$1,600.00
64721	CARPAL TUNNEL SURGERY	\$2,319.00
66984	CATARACT SURG W/IOL 1 STAGE	\$2,929.00
G0260	INJ FOR SACROILIAC JT ANESTH	\$1,600.00

**NOTE:** *The price for any given health care service is an estimate, and the actual charges for the health care service are dependent upon 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 at this facility. If you are not covered by health insurance, you may contact our billing office at (719) 355-3400 to discuss payment options prior to receiving a health care service from this facility.*