



CASH PAY COSTS FOR COMMON PROCEDURES

Highline South Ambulatory Surgery Center believes in being transparent in its pricing.

Our goal is to provide meaningful and reliable information to help you understand prices in advance of your procedure. We have put together the top outpatient procedure costs for self-pay individuals to give you an estimate of the expected pricing for commonly provided healthcare services at our surgery center.

Actual prices on the final surgery center bill may vary from this information based on the patient's medical condition, unknown circumstances or complications, final diagnosis and recommended treatment ordered by the provider(s). Please be advised that while the surgery center attempts to estimate the prices of outpatient care as accurately as possible, there may be significant variations between the prices listed and the actual price reflected on your final bill.

PAIN MANAGEMENT PROCEDURES

Procedure Code	Procedure Description	Cash Pay Price
G0260 or 27096	Sacroiliac joint injection (additional costs for bilateral and/or (+) multiple levels)	\$576.00
62321	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, cervical or thoracic ; with imaging guidance (ie, fluoroscopy)	\$576.00
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 ; with imaging guidance (ie, fluoroscopy)	\$576.00
64479 64480 (+)	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic , single level (additional costs for bilateral and/or (+) multiple levels)	\$712.00
64483 64484 (+)	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral , single level (additional costs for bilateral and/or (+) multiple levels)	\$712.00
64490 64491 (+) 64492 (+)	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 (additional costs for bilateral and/or (+) multiple levels)	\$712.00
64493 64494 (+) 64495 (+)	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 (additional costs for bilateral and/or (+) multiple levels)	\$712.00
64633 64634 (+)	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic , single facet joint (additional costs for bilateral and/or (+) multiple levels)	\$1,598.00
64635 64636 (+)	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral , single facet joint (additional costs for bilateral and/or (+) multiple levels)	\$1,598.00
63650	Percutaneous implantation of neurostimulator electrode array, each (additional costs for implants and other supplies)	\$5,000.00 each array
63685	Insertion or replacement of spinal neurostimulator pulse generator (additional costs for implants and other supplies)	\$24,000.00
L8680 (C1778) or (C1879)	Implantable neurostimulator electrode, each	Cost +10%

L8679 (C1820) or (C1767)	Implantable neurostimulator, pulse generator, any type	Cost +10%
L8688 (C1767)	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Cost +10%
L8689 (C1820)	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Cost +10%
L8699 (C1883)	Adaptor/extension, pacing lead or neurostimulator lead, implantable	Cost +10%

ORTHOPEDIC PROCEDURES

Procedure Code	Procedure Description	Cash Pay Price
26055	Tendon sheath incision (eg, for trigger finger); single finger	\$1,502.00
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	\$1,106.00
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	\$1,598.00
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	\$1,502.00
26123 26125 (+)	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) (additional costs for each (+) additional digit)	\$2,606.00
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	\$2,606.00
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	\$2,606.00
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	\$2,606.00
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair (additional costs for implants and other supplies)	\$5,540.00
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute (additional costs for implants and other supplies)	\$5,540.00
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic (additional costs for implants and other supplies)	\$5,540.00
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	Cost +10%

UROLOGY PROCEDURES

Procedure Code	Procedure Description	Cash Pay Price
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureter pyelography, exclusive of radiologic service	\$1,587.00
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$1,587.00
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	\$1,587.00
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$2,455.00

Multiple Procedure Discount Methodology

If the procedure scheduled to be performed is bilateral and/or involves multiple levels, the cash pay price will be figured in the following manner:

First procedure/first unilateral level payable at 100% of the Cash Pay Price

Second procedure/second bilateral side or additional level payable at 50% of the Cash Pay Price

Third procedure (+) /all additional levels or procedures payable at 25% of the Cash Pay Price

Implants and other supplies are payable at Cost + 10%

The pricing information provided in this notice is intended to give self-pay patients, who have scheduled services, an estimate of the prices and expected payment amounts for commonly provided outpatient care services at our surgery center. The pricing only covers the specific service listed and provided through the surgery center and does not include complicating factors or professional fees for services such as those provided by a physician, surgeon, pathologist, anesthesiologist, radiologist, nurse practitioner or other independent practitioners. Please contact those offices directly for price information associated with their care and service. The pricing does not include fees associated with implants, high-cost drugs or secondary procedures. The pricing is for self-pay patients who have pre-scheduled the service.

This pricing does not apply to patients who have health insurance coverage through Medicare, Medicaid, other government insurance programs or an insurance company. If a patient has health insurance, the patient's health insurance policy (including deductibles, co-pay, co-insurance and out-of-pocket maximums) will apply and the amount the patient owes for healthcare services will depend on the patient's insurance coverage.

If you are not covered by health insurance, please contact our Billing Office at 303 900 0190 to discuss payment options prior to receiving healthcare services at our surgery center. Prices for healthcare services posted in this notice may not reflect the actual amount of your financial responsibility.

The pricing information is not a guarantee of insurance coverage or availability of services.

The surgery center reserves the right to update or change any price(s) at any time.

If you do not see the procedure or service you are looking for or wish to receive a customized estimate on a specific procedure, please contact our Billing Office at 303 900 0190.