

VAIL VALLEY SURGERY CENTER

**MOST COMMONLY USED CPT CODES WITH FACILITY FEES**

Please refer to the list below of the most commonly performed procedures at the Vail Valley Surgery Center. Please note that the fees listed are estimates and that actual charges for the service depend on the circumstances at the time the service is rendered and do not reflect self-pay or contractual discounts. **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 the Vail Valley Surgery Center at 970-569-7400 to discuss payment options prior to receiving a health care service from this healthcare facility since posted health care prices may not reflect the actual amount of your financial responsibility.**

PROCEDURE DESCRIPTION	CPT CODE	2021 FEE (USD)
ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA, WITHOUT ULTRASOUND GUIDANCE	20610	\$ 5,860
REMOVAL IMPLANT, DEEP	20680	\$ 5,690
TENODESIS OF LONG TENDON OF BICEPS	23430	\$ 11,150
ARTHROPLASTY, ACETABULAR & PROXIMAL FEMORAL PROSTHETIC REPLACEMENT	27130	\$ 47,280
ARTHROPLASTY KNEE, CONDYLE & PLATEAU MEDIAL & LATERAL COMPARTMENTS	27447	\$ 47,280
ARTHROSCOPY SHOULDER W/ CORACOACROMIAL LIGAMENT RELEASE	29826	\$ 10,460
ARTHROSCOPY SHOULDER W/ ROTATOR CUFF REPAIR	29827	\$ 12,500
ARTHROSCOPY KNEE W/ MENISCECTOMY MEDIAL/LATERAL W/ SHAVING OF ARTICULAR CARTILAGE	29881	\$ 7,180
ARTHROSCOPY KNEE W/ MENISCUS REPAIR MEDIAL/LATERAL	29882	\$ 7,180
ARTHROSCOPY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION/RECONSTRUCTION	29888	\$ 13,500
ARTHROSCOPY HIP W/ FEMOROPLASTY	29914	\$ 17,870
ARTHROSCOPY HIP W/ ACETABULOPLASTY	29915	\$ 17,870
UNLISTED PROCEDURE ARTHROSCOPY	29999	\$ 10,150
COLONOSCOPY, DIAGNOSTIC W/ WO COLLECTION SPECIMENS	45378	\$ 2,850
COLONOSCOPY W/ BIOPSY SINGLE/MULTIPLE	45380	\$ 2,850
INJECTION DIAGNOSTIC/THERAPEUTIC AGENT, INTERLAMINAR EPIDURAL OR SUBARACHNOID, CERVICAL/THORACIC	62321	\$ 1,790
INJECTION ANESTHETIC &/ STERIOD W/ IMAGING TRANSFORMINAL EPIDURAL LUMBAR/SACRAL 1 LEVEL	64483	\$ 3,100
INJECTION ANESTHETIC &/STERIOD W/ IMAGING TRANSFORMINAL EPIDURAL LUMBAR/SACRAL EACH ADDITIONAL LEVEL	64484	\$ 3,100
INJECTION DIAGNOSTIC/THERAPEUTIC AGENT PARAVERTEBRAL FACET JOINT CERVICAL/THORACIC 1 LEVEL	64490	\$ 2,280
INJECTION DIAGNOSTIC/THERAPEUTIC AGENT PARAVERTEBRAL FACET JOINT CERVICAL/THORACIC 2ND LEVEL	64491	\$ 2,230
INJECTION DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT LUMBAR/SACRAL SINGLE LEVEL	64493	\$ 2,280
INJECTION OF DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT LUMBAR/SACRAL SECOND LEVEL	64494	\$ 2,280
DESTRUCTION BY NEUROLYTIC AGENT, PARVERTEBRAL FACET JOINT LUMBAR/SACRAL SINGLE	64635	\$ 3,880
DESTRUCTION BY NEUROLYTIC AGENT, PARVERTEBRAL FACET JOINT LUMBAR/SACRAL, ADDITIONAL	64636	\$ 4,050
INJECTION PLATELET PLASMA W/ IMAGING HARVEST/PREPARATION	0232T	\$ 1,960