



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 healthcare 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 healthcare service from this healthcare facility since posted healthcare prices may not reflect the actual amount of your financial responsibility.**

PROCEDURE DESCRIPTION	CPT CODE	2022 FEE (USD)
REMOVAL IMPLANT, DEEP	20680	\$ 4,395
TENODESIS OF LONG TENDON OF BICEPS	23430	\$ 8,610
ARTHROPLASTY KNEE, CONDYLE & PLATEAU MEDIAL & LATERAL COMPARTMENTS	27447	\$ 36,525
ARTHROSCOPY SHOULDER W/ CORACOACROMIAL LIGAMENT RELEASE	29826	\$ 8,078
ARTHROSCOPY SHOULDER W/ ROTATOR CUFF REPAIR	29827	\$ 9,660
ARTHROSCOPY KNEE W/ MENISCECTOMY MEDIAL/LATERAL W/ SHAVING OF ARTICULAR CARTILAGE	29881	\$ 5,550
ARTHROSCOPY KNEE W/ MENISCUS REPAIR MEDIAL/LATERAL	29882	\$ 5,550
ARTHROSCOPY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION/RECONSTRUCTION	29888	\$ 10,433
ARTHROSCOPY HIP W/ FEMOROPLASTY	29914	\$ 13,808
ARTHROSCOPY HIP W/ ACETABULOPLASTY	29915	\$ 13,808
UNLISTED PROCEDURE ARTHROSCOPY	29999	\$ 7,613
COLONOSCOPY, DIAGNOSTIC WITH OR WITHOUT COLLECTION OF SPECIMENS	45378	\$ 2,138
COLONOSCOPY W/ BIOPSY SINGLE/MULTIPLE	45380	\$ 2,138
COLONOSCOPY, DIAGNOSTIC, WITH REMOVAL BY SNARE TECHNIQUE	45385	\$ 2,138
INJECTION ANESTHETIC &/ STERIOD W/ IMAGING TRANSFORMINAL EPIDURAL LUMBAR/SACRAL 1 LEVEL	64483	\$ 2,325
INJECTION ANESTHETIC &/ STERIOD W/ IMAGING TRANSFORMINAL EPIDURAL LUMBAR/SACRAL EACH ADDITIONAL LEVEL	64484	\$ 2,325
INJECTION DIAGNOSTIC/THERAPEUTIC AGENT PARAVERTEBRAL FACET JOINT CERVICAL/THORACIC 1 LEVEL	64490	\$ 1,710
INJECTION DIAGNOSTIC/THERAPEUTIC AGENT PARAVERTEBRAL FACET JOINT CERVICAL/THORACIC 2ND LEVEL	64491	\$ 1,673
INJECTION DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT LUMBAR/SACRAL SINGLE LEVEL	64493	\$ 1,710
INJECTION OF DIAGNOSTIC/THERAPEUTIC AGENT, PARAVERTEBRAL FACET JOINT LUMBAR/SACRAL SECOND LEVEL	64494	\$ 1,710
DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT, CERVICAL/THORACIC SINGLE LEVEL	64633	\$ 2,910
DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT, CERVICAL/THORACIC, ADDITIONAL	64634	\$ 3,345
DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT LUMBAR/SACRAL SINGLE	64635	\$ 2,910
DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT LUMBAR/SACRAL, ADDITIONAL	64636	\$ 3,038
INJECTION PLATELET PLASMA W/ IMAGING HARVEST/PREPARATION	0232T	\$ 1,515