



Below are the most commonly performed procedures and the associated rate for cash pay patients. For information on procedures not listed please contact us at 970-249-6842.

CPT	Procedure Description	Price
Gastroenterology		
45380	COLONOSCOPY WITH BIOPSY	\$1,253.18
45378	COLONOSCOPY	\$970.56
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$962.62
Orthopedics		
29881	KNEE ARTHROSCOPY WITH MENISCECTOMY, MEDIAL OR LATERAL	\$3,109.48
29880	KNEE ARTHROSCOPY WITH MENISCECTOMY, MEDIAL AND LATERAL	\$3,109.48
29848	ARTHROSCOPIC CARPAL TUNNEL RELEASE	\$1,676.70
64721	CARPAL TUNNEL RELEASE	\$1,837.88
26055	TRIGGER FINGER RELEASE	\$1,676.70
29888	ACL RECONSTRUCTION	\$9,206.74
29826	ARTHROSCOPIC SHOULDER DECOMPRESSION	\$3,001.84
29823	ARTHROSCOPIC SHOULDER DEBRIDEMENT	\$3,109.48
29824	ARTHROSCOPIC DISTAL CLAVICULECTOMY RESECTION	\$3,109.48
23412	ROTATOR CUFF REPAIR	\$6,945.88
20680	REMOVAL OF IMPLANT	\$2,368.86
23515	REPAIR OF CLAVICULAR FRACTURE	\$9,131.76
25609	REPAIR OF DISTAL RADIAL FRACTURE	\$9,425.32
25447	CMC ARTHROPLASTY (CARPOMETACARPAL)	\$3,109.48
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEP	\$9,975.88
26160	HAND OR FINGER TENDON LESION OR CYST EXCISION	\$1,676.70
23430	BICEP TENODESIS	\$9,087.00
25111	EXCISION OF GANGLION CYST	\$1,676.70
Pain Management		
64493	EPIDURAL INJECTION; LUMBAR OR SACRAL FACET/MEDIAN BRANCH BLOCK	\$967.92
64490	EPIDURAL INJECTION; THORACIC OR CERVICAL FACET/MEDIAN BRANCH BLOCK	\$967.92
27096	EPIDURAL INJECTION; SACROILIAC JOINT	\$734.38
62323	EPIDURAL INJECTION; LUMBAR OR SACRAL	\$734.38
20610	EPIDURAL INJECTION; MAJOR JOINT OF SHOULDER, HIP, KNEE JOINT	\$70.86
64415	PAIN BLOCK; SHOULDER	\$967.92

Podiatry		
28285	HAMMERTOES CORRECTION	\$3,109.48
28820	TOE AMPUTATION	\$3,109.48
28112	OSTECTOMY	\$3,109.48
28308	OSTEOTOMY	\$3,109.48
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY	\$2,309.48
28299	HALLUX VALGUS CORRECTION WITH CHEILECTOMY WITH DOUBLE OSTEOTOMY	\$8,867.82
Ophthalmology		
66984	CATARACT REMOVAL WITH INSERTION OF LENS	\$2,423.24
ENT		
42820	TONSILLECTOMY AND ADNOIDECTOMY, UNDER AGE 12	\$5,651.86
42830	ADNOIDECTOMY, UNDER AGE 12	\$2,700.00
30930	FRACTURE NASAL INFERIOR TURBINATES	\$2,700.00
30802	ABLATION OF SOFT TISSUE OF INFERIOR TURBINATES	\$1,365.12
42826	TONSILLECTOMY, OVER AGE 12	\$2,700.00
30520	SEPTOPLASTY	\$2,700.00
69436	TYMPANOPLASTY	\$1,365.12
DENTAL		
41899	DENTAL RECONSTRUCTION UNDER ANESTHESIA	\$1,695.06
General Surgery		
49505	INGUINAL HERNIA REPAIR	\$3,320.12
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$5,538.54
36561	MEDIPOINT PLACEMENT	\$3,169.02

* The price for any given health care service is an estimate and the actual charges 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 by a health care provider at this office. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 970-249-6842 to discuss payment options prior to receiving a health care service from a health care provider at this office since posted health care

* These prices are for the facility fee only. The facility fees do not include laboratory, pathology, surgeon, or anesthesia fees. You will be billed separately for these fees. For anesthesia charges contact San Juan Anesthesia at 800-874-3380. For the surgeon's fee please contact your surgeon's office directly.

* Prices are based on 2024 rates and are subject to change.