

Transparency in Health Care Prices Act

Senate Bill 17-065

Effective January 1, 2018

If you have health insurance coverage, 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 do not have health insurance coverage, you are strongly encouraged to contact our business office personnel at (720) 979-0010 to discuss payment options and/or financial resources prior to receiving a health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility. Actual services provided during a surgical procedure may vary from the scheduled procedure and price quote, including but not limited to the medically necessary use of high cost drugs, implants, supplies and any procedures other than the original quote based on individual circumstances for each patient case.

The following is a list of the most commonly provided services at the South Denver Endoscopy Center.

Billed CPT Code	Billed CPT Name	Self Pay Rate
45380	COLONOSCOPY AND BIOPSY	\$ 1,161.60
43239	UPPER GI-DIAGNOSTIC WITH BIOPSY, SINGLE OR MULTIPLE	\$ 1,306.88
45385	COLONOSCOPY WITH LESION REMOVAL BY SNARE	\$ 1,161.60
G0121	COLONOSCOPY - NOT HIGH RISK PERSON	\$ 1,161.60
G0105	COLONOSCOPY FOR HIGH RISK PERSON	\$ 1,161.60
45378	DIAGNOSTIC COLONOSCOPY	\$ 1,161.60
43235	UPPER GI EXAM-DIAGNOSTIC WITH SPECIMEN COLLECTION	\$ 1,306.88
43450	OPENING OF ESOPHAGUS	\$ 1,798.24
43248	UPPER GI WITH GUIDE WIRE INSERTION AND OPENING OF ESOPHAGUS	\$ 1,306.88
45381	COLONOSCOPY WITH INJECTION	\$ 1,161.60
45331	COLON EXAM-SIGMOIDOSCOPY AND BIOPSY	\$ 1,161.60
47000	NEEDLE BIOPSY OF LIVER	\$ 2,043.68
91035	ESOPHAGUS REFLUX TEST WITH ELECTRODE PLACEMENT AND RECORDING	\$ 1,199.04
43249	UPPER GI WITH OPENING OF ESOPHAGUS <30 MM	\$ 1,306.88
45330	COLON EXAM-DIAGNOSTIC SIGMOIDOSCOPY	\$ 1,161.60
43244	UPPER GI WITH ELASTIC BANDING OF BLEEDING VEINS	\$ 1,306.88
76942	ULTRASOUND GUIDE FOR BIOPSY	\$ 1,138.86
43251	UPPER GI WITH REMOVAL OF LESION BY SNARE	\$ 1,306.88
45390	COLONOSCOPY WITH TISSUE REMOVAL	\$ 1,161.60
45382	COLONOSCOPY WITH CONTROL OF BLEEDING	\$ 1,161.60