



# CASH PAY COSTS FOR COMMON PROCEDURES

South Denver Urology 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.

## UROLOGY PROCEDURES

Procedure Code	Procedure Description	Cash Pay Price
52000	Cystourethroscopy	\$ 568.00
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureter pyelography, exclusive of radiologic service	\$1,594.00
52224	Cystourethroscopy, with removal of small lesions	\$1,594.00
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$2,779.00
52235	Cystourethroscopy, with destruction and removal of medium bladder tumor	\$2,779.00
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	\$1,594.00
52287	Cystourethroscopy injection; chemodenervation of the bladder (does not include BOTOX® – see J0585 – add \$1,010.00)	\$1,594.00
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	\$1,594.00
52315	Cystourethroscopy, with complex removal stone & stent	\$1,594.00
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy	\$2,779.00
52441, 52442 C9739, C9740	UroLift® procedure (does not include implant cost – see L8699 – add \$1,045.00 for each implant)	\$8,500.00
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days of age	\$1,594.00
64561	Bladder stimulation trial (PNE) (does not include implant test kit – see C1897 – add \$616.00)	\$9,453.00
C1897 or L8680	Bladder Neurostimulator trial test kit leads	\$ 616.00
L8699	UroLift® implant	\$1,045.00
J0585	Botulinum toxin (BOTOX®) injection	\$1,010.00

## **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 common 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 one of our Pre-Surgery Financial Coordinators at 720 568 0299 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 one of our Pre-Surgery Financial Coordinators at 720 568 0299.