

Eye Associates of Colorado Springs, P.C.

Disclosure per the Transparency in Health Care Prices Act

In 2017, the Colorado General Assembly passed legislation known as Colorado Revised Statute: 25-49-103, also known as the “Transparency in Health Care Prices Act.” This statute requires all health care providers in Colorado to disclose their charges imposed for the most common health care services provided when payment is made directly rather than by third party (e.g. commercial or federal insurance, etc). The charges listed do not reflect the actual amount the provider may actually receive from third parties or when discounts are applied in some circumstances.

Please note that the health care price for any given health care service is an estimate and the actual charges for the health care service are dependent on the circumstances at the time the service is rendered.

Additionally, 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.

Finally, if you are not covered by health insurance, you may contact our billing staff by calling 719-471-2020 to discuss payment options 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.

CPT Code	Description	CPT Description	Charge Amount
99203	New patient Office Visit	Office or other outpatient visit for the evaluation and management of a new patient	\$157.00
99204	New patient Complex Office Visit	Office or other outpatient visit for the evaluation and management of a new patient	\$240.00
99213	Established patient Office Visit	Office or other outpatient visit for the evaluation and management of an established patient	\$105.00
92004	New patient comprehensive Ophthalmological service	Comprehensive, new patient, 1 or more visits	\$210.00
92012	Established patient Intermediate Ophthalmological service	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program, intermediate, established patient	\$124.00
92014	Established patient Comprehensive ophthalmological service	Comprehensive, established patient, 1 or more visits	\$180.00
92015	Refraction	Determination of refractive state	\$40.00
92314-W	Contact Lens Evaluation	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician	Ranges \$40+
76514-PRO	Pachymetry	Corneal pachymetry, unilateral or bilateral	\$28.00
92020	Gonioscopy	Gonioscopy (separate procedure)	\$60.00
92025	Pentacam	Computerized corneal topography, unilateral or bilateral, with interpretation and report	\$55.00
92133	OCT	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral	\$97.00
92136	IOL Master	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	\$150.00
92083	Visual Field	Extended Visual field examination	\$120.00
68761	Punctum Plugs	Closure of the lacrimal punctum, by plug, each	\$200.00
66821	Yag Laser	Laser surgery, e.g. YAG laser	\$500.00
66984	Cataract Surgery	Extracapsular cataract removal with insertion of intraocular lens prosthesis, manual or mechanical technique	\$1400.00