



Green Mountain Surgery Center

Procedure CPT Code	Description	Green Mountain Surgery Center Medicare Payment	Hospital Outpatient Department Medicare Payment
19303	MASTECTOMY SIMPLE COMPLETE	\$ 2,193.00	\$ 5,237.00
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	\$ 663.00	\$ 1,557.00
64721	NEUROPLASTY &/TRANSPS MEDIAN NRV CARPAL TUNNEL	\$ 796.00	\$ 1,719.00
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	\$ 1,100.00	\$ 2,344.00
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	\$ 1,835.00	\$ 3,818.00
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	\$ 507.00	\$ 1,004.00
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	\$ 2,679.00	\$ 8,135.00
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	\$ 507.00	\$ 1,004.00
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/VO D&C	\$ 1,235.00	\$ 2,498.00
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	\$ 385.00	\$ 763.00
19318	REDUCTION MAMMAPLASTY	\$ 2,193.00	\$ 5,237.00
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	\$ 1,835.00	\$ 3,818.00
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	\$ 385.00	\$ 763.00
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	\$ 2,194.00	\$ 4,833.00
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	\$ 397.00	\$ 785.00
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	\$ 1,835.00	\$ 3,818.00
G0105	Colorectal scrn; hi risk ind	\$ 385.00	\$ 763.00
26055	TENDON SHEATH INCISION	\$ 713.00	\$ 1,355.00
43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	\$ 663.00	\$ 1,557.00
67113	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	\$ 1,835.00	\$ 3,818.00
G0121	Colon ca scrn not hi rsk ind	\$ 385.00	\$ 763.00
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	\$ 1,118.00	\$ 3,029.00
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	\$ 397.00	\$ 785.00
26055	TENDON SHEATH INCISION	\$ 713.00	\$ 1,355.00
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	\$ 2,194.00	\$ 4,833.00

source: <https://www.medicare.gov/procedure-price-lookup/> as of 10/08/2020