



Green Mountain Surgery Center

Procedure CPT Code	Description	Green Mountain Surgery Center Medicare Payment	Hospital Outpatient Department Medicare Payment
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	\$ 1,100.00	\$ 2,344.00
G0105	Colon cancer screening	\$ 385.00	\$ 763.00
G0121	Colon cancer screening	\$ 385.00	\$ 763.00
45378	Diagnostic colonoscopy	\$ 385.00	\$ 763.00
43239	Upper gastrointestinal endoscopy with biopsy	\$ 397.00	\$ 785.00
19318	Breast Reduction	\$ 2,193.00	\$ 5,237.00
64721	NEUROPLASTY AND-TRANSPOS MEDIAN NRV CARPAL TUNNE	\$ 796.00	\$ 1,719.00
26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	\$ 713.00	\$ 1,355.00
45385	Colonoscopy with removal of polyps	\$ 507.00	\$ 1,004.00
19325	Breast Augmentation	\$ 2,679.00	\$ 8,135.00
43235	Diagnostic examination of esophagus using an endoscope	\$ 397.00	\$ 785.00
26055	TENDON SHEATH INCISION	\$ 713.00	\$ 1,355.00
43249	Dilation of esophagus using an endoscope	\$ 663.00	\$ 1,557.00
45380	Colonoscopy and biopsy	\$ 507.00	\$ 1,004.00
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	\$ 106.00	\$ 319.00
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	\$ 663.00	\$ 1,557.00
45331	Sigmoidoscopy, flexible, diagnostic, with biopsy	\$ 385.00	\$ 763.00
58558	HYSTEROSCOPY BX ENDOMETRIUM &/ POLYPC W/WO D&C	\$ 1,235.00	\$ 2,498.00
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	\$ 1,118.00	\$ 3,029.00
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	\$ 796.00	\$ 1,719.00
25000	INCISION EXTENSOR TENDON SHEATH WRIST	\$ 713.00	\$ 1,355.00
45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	\$ 145.00	\$ 763.00
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	\$ 1,816.00	\$ 4,271.00
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	\$ 1,835.00	\$ 3,818.00
19303	Mast simple complete	\$ 2,193.00	\$ 5,237.00

source: <https://www.medicare.gov/procedure-price-lookup/> as of 07/08/2020