Surgical Center of Burlington County

Standard Facility Charges • Effective September 2026

225 Sunset Road • Willingboro, NJ 08046

Facility estimates: 609-877-2800 ext. 127

These are the Surgery Center's standard facility charges. They are not necessarily the amount a patient or health plan will pay. Actual patient responsibility varies based on insurance coverage, contracted rates, deductibles, copayments, coinsurance, authorization, medical necessity, and services actually provided. Physician and anesthesia professional services may be billed separately.

For an individualized estimate, please call 609-877-2800 ext. 127. Patients should also contact their health plan to confirm coverage, network status, and anticipated out-of-pocket responsibility.

CPT	Service / Procedure	Standard Facility Charge
66984	Cataract surgery with intraocular lens	$3,000
66821	YAG laser capsulotomy	$1,200
66982	Complex cataract surgery with intraocular lens	$3,500
67228	Panretinal photocoagulation	$1,200
65820	Goniotomy	$2,500
65855	Laser trabeculoplasty (SLT)	$2,200
67210	Focal retinal photocoagulation	$1,450
66761	Laser peripheral iridotomy	$1,200
66740	Cyclodestructive procedure	$1,400
67255	Scleral reinforcement / graft procedure	$2,800
67145	Retinal tear treatment with photocoagulation	$1,500
67041	Vitrectomy with membrane removal	$5,000
65420	Pterygium excision	$3,000
67108	Retinal detachment repair	$5,000
66985	Secondary intraocular lens insertion	$2,500
66988	Cataract surgery with intraocular lens and glaucoma procedure	$3,000

CPT	Service / Procedure	Standard Facility Charge
67040	Vitrectomy with panretinal photocoagulation	$5,000
67042	Vitrectomy with internal limiting membrane removal	$5,000
66986	Exchange of intraocular lens	$3,000
67036	Pars plana vitrectomy	$5,000
66825	Repositioning of intraocular lens	$2,890
66991	Cataract surgery with intraocular lens and aqueous drainage device	$4,000
67005	Anterior vitrectomy	$2,860
65875	Posterior synechiolysis	$2,200
66030	Anterior chamber injection procedure	$1,200
66711	Endoscopic cyclophotocoagulation	$2,190
66850	Removal of lens material	$3,650
65426	Pterygium excision with graft	$2,900
65870	Anterior synechiolysis	$1,000
66174	Transluminal dilation of aqueous outflow canal	$2,000
66180	Aqueous shunt implantation	$3,000
66762	Laser iridoplasty	$1,200
66840	Removal of lens material	$2,000
66987	Complex cataract surgery with glaucoma procedure	$3,000
66989	Complex cataract surgery with aqueous drainage device	$4,000
66999	Unlisted anterior segment procedure / ICL	$3,250
67010	Subtotal vitrectomy	$5,000
67113	Complex retinal detachment repair with vitrectomy	$5,110
67999	Unlisted eyelid procedure	$1,500

This document reflects the facility's standard charge schedule as approved for publication. It does not include payer-specific negotiated reimbursement rates, allowed amounts, payments, or contractual adjustments.

Public charge disclosure basis: N.J.S.A. 26:2SS-4(b). Source: https://pub.njleg.state.nj.us/Bills/2018/PL18/32_.PDF