



CU Orthopedics – Broomfield, CO

CPT Code	Procedure Name	Fee
99202	LEVEL 2 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$ 203.00
99203	LEVEL 3 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$ 304.00
99204	LEVEL 4 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$ 512.00
99205	LEVEL 5 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$ 668.00
99212	LEVEL 2 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$ 118.00
99213	LEVEL 3 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$ 203.00
99214	LEVEL 4 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$ 310.00
20610	ARTHROCENTESIS ASPIRATION AND/OR INJECTIONS OF MAJOR JOINT OR BURSA	\$ 238.00
J1030	INJECTION METHYLPREDNISOLONE ACETATE 40 MG	\$ 9.00
J3301	KENALOG INJECTION PER 10MG	\$ 4.00
J7321	HYALGAN OR SUPARTZ INTRA-ARTICULAR INJECTION PER DOSE	\$ 139.00
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$ 259.00

If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303.493.7700 to discuss payment options prior to receiving a health care service from a health care provider at our clinic since posted health care prices may not reflect the actual amount of your financial responsibility.