



CU Medicine Longmont Specialty Care Center – Longmont, CO

Code	Description	Fee
99214	OUTPT ESTAB VST-LVEL IV	\$512.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
99204	OUTPT NEW VST-LVL IV	\$661.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$326.00
99203	OUTPT NEW VST-LVL III	\$443.00
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$142.00
99215	OUTPT ESTAB VST-LVL V	\$714.00
20550	INJECTION(S) SINGLE TENDON SHEATH/LIGAMENT	\$289.00
73564	X-RAY KNEE COMPLETE 4/MORE VIEWS	\$191.00
73630	X-RAY FOOT COMPLETE MIN 3 VIEW	\$142.00
99205	OUTPT NEW VST-LVL V	\$872.00
72110	X-RAY SPINE LUMBOSACRAL MINIMUM 4 VIEWS	\$212.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$152.00
73110	X-RAY WRIST COMPLETE MINIMUM 3 VIEWS	\$169.00
73130	X-RAY HAND MINIMUM 3 VIEWS	\$151.00

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.