



CU MEDICINE ORTHOPEDICS - BROOMFIELD, CO

| Code | Description | FEE |
|---------|--|----------|
| J7325 | HYALURONAN OR DERIVATIVE SYNVISC OR SYNVISC ONE INTRA ARTICULAR INJ PER DOSE | \$20.00 |
| J3301 | KENALOG | \$4.00 |
| 99204 | OUTPT NEW VST-LVL IV | \$649.00 |
| 99213 | OUTPT ESTAB VST-LVL III | \$294.00 |
| 99214 | OUTPT ESTAB VST-LEVEL IV | \$429.00 |
| 99203 | OUTPT NEW VST-LVL III | \$428.00 |
| J1030 | INJECTION METHYLPREDNISOLONE ACETATE 40 MG | \$10.00 |
| 20610 | ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA | \$303.00 |
| 10L3670 | SLINGSHOT 3 | \$160.00 |
| 20550 | INJECTION(S) SINGLE TENDON SHEATH/LIGAMENT | \$267.00 |
| J0775 | Injection, collagenase, clostridium histolyticum, 0.01 mg | \$82.00 |
| 11L1833 | T SCOPE POST OP PREMIER OTS FIT | \$875.00 |
| 11L3908 | APOLLO UNIVERSAL WRIST BRACE | \$85.00 |
| 10L1902 | WRAPTOR ANKLE STABILIZER W SPEED LACES BLACK | \$115.00 |
| 20600 | ARTHROCENTESIS ASPIRATION AND OR INJECT SMALL JOINT OR BURSA | \$244.00 |

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.