



## CU MEDICINE ORTHOPEDICS BROOMFIELD - BROOMFIELD, CO

Code	Description	CURRENT 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.