



CU MEDICINE STEADMAN HAWKINS INVERNESS - ENGLEWOOD, CO

Code	Description	FEE
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	\$3.00
J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	\$17.00
J3301	KENALOG	\$4.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
99203	OUTPT NEW VST-LVL III	\$428.00
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$303.00
J1100	DEXAMETHASONE 1 MG ML SOLUTION	\$0.38
99204	OUTPT NEW VST-LVL IV	\$649.00
73562	X-RAY KNEE 3 VIEWS	\$165.00
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$139.00
73630	X-RAY FOOT COMPLETE MIN 3 VIEW	\$139.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$149.00
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$190.00
73110	X-RAY WRIST COMPLETE MINIMUM 3 VIEWS	\$165.00

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.