



CU MEDICINE UCHEALTH CHERRY CREEK MEDICAL CTR SUITE 402 - DENVER, CO

Code	Description	FEE
Q9966	LOW OSMOLAR CONTRAST MATERIAL 200 299 MG ML IODINE CONCENTRATION PER ML	\$0.05
J1100	DEXAMETHASONE 1 MG ML SOLUTION	\$0.38
J0702	INJECTION CELESTONE 3MG	\$35.00
J3301	KENALOG	\$4.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
99204	OUTPT NEW VST-LVL IV	\$649.00
99203	OUTPT NEW VST-LVL III	\$428.00
64483	INJECT TXFORAMINAL EPIDURAL W/IG LUMBAR/SACRAL SINGLE LEVEL	\$1,141.00
99214	OUTPT ESTAB VST-LVEL IV	\$429.00
64493	INJECT DIAG/THERAP AGENT W/IMAGE GUID LUMBAR/SACRAL SINGLE LEV	\$870.00
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PALCEMENT	\$475.00
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	\$1,261.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$303.00
64494	INJECT DIAG/THERAP AGENT WITH IMAGE GUID LUMBAR/SACRAL SECOND LEV	\$441.00
64635	DESTRUCT NEUROLYTIC AGENT PVFJN W IG LUMBAR OR SACRAL SINGLE FACET JOINT	\$2,082.00

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.