



## CU SPORTS MEDICINE AND PERFORMANCE CENTER BOULDER, CO

Code	Description	FEE
J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1 MG	\$3.00
J3301	KENALOG	\$4.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
J1100	DEXAMETHASONE 1 MG ML SOLUTION	\$0.38
J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	\$17.00
99204	OUTPT NEW VST-LVL IV	\$649.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
99214	OUTPT ESTAB VST-LVEL IV	\$429.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$303.00
99203	OUTPT NEW VST-LVL III	\$428.00
73721	MRI ANY JOINT LOWER EXTREMITY W/O CONTRAST MATERIAL	\$2,059.00
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$139.00
73564	X-RAY KNEE COMPLETE 4/MORE VIEWS	\$187.00
J7321	HYALGAN OR SUPARTZ INTRA-ARTICULAR INJ PER DOSE	\$186.00
20611	ARTHROCENTESIS ASPIR AND OR INJ MAJOR JOINT OR BURSA WITH USG W PERM RR	\$462.00

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.

