



CU Sports Medicine and Performance Center - Boulder, CO

Code	Description	Fee
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$ 142.00
73221	MRI ANY JOINT UPPER EXTREMITY W/O CONTRAST MATERIAL/S	\$2,025.00
73562	X-RAY KNEE 3 VIEWS	\$ 169.00
73564	X-RAY KNEE COMPLETE 4/MORE VIEWS	\$ 191.00
73630	X-RAY FOOT COMPLETE MIN 3 VIEW	\$ 142.00
73721	MRI ANY JOINT LOWER EXTREMITY W/O CONTRAST MATERIAL	\$2,059.00
99024	POST-OP VISIT INCL GLOBAL SVCS	\$ -
99203	OUTPT NEW VST-LVL III	\$ 443.00
99204	OUTPT NEW VST-LVL IV	\$ 659.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LVEL IV	\$ 507.00
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	\$ 194.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$ 152.00
72148	MRI SPINAL CANAL/CONTENTS LUMBAR W/O CONTRAST MATERIAL	\$2,011.00

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.