



CU SPORTS MEDICINE AND PERFORMANCE CENTER– Boulder, CO

CPT Code	Procedure Name	Fee
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$239.00
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$124.00
73221	MRI ANY JOINT UPPER EXTREMITY W/O CONTRAST MATERIAL/S	\$2,025.00
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	\$195.00
73562	X-RAY KNEE 3 VIEWS	\$149.00
73564	X-RAY KNEE COMPLETE 4/MORE VIEWS	\$172.00
73630	X-RAY FOOT COMPLETE MIN 3 VIEW	\$125.00
73721	MRI ANY JOINT LOWER EXTREMITY W/O CONTRAST MATERIAL	\$2,059.00
99203	OUTPT NEW VST-LVL III	\$317.00
99204	OUTPT NEW VST-LVL IV	\$489.00
99212	OUTPT ESTAB VST-LVL II	\$128.00
99213	OUTPT ESTAB VST-LVL III	\$212.00
99214	OUTPT ESTAB VST-LVEL IV	\$320.00
J1100	DEXAMETHASONE 1 MG ML SOLUTION	\$0.38
J3301	KENALOG	\$3.00

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.