



CU SPORTS MEDICINE STEADMAN HAWKINS – Englewood, CO

CPT Code	Procedure Name	Fee
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$238.00
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$124.00
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
99203	OUTPT NEW VST-LVL III	\$304.00
99204	OUTPT NEW VST-LVL IV	\$512.00
99212	OUTPT ESTAB VST-LVL II	\$118.00
99213	OUTPT ESTAB VST-LVL III	\$203.00
99214	OUTPT ESTAB VST-LEVEL IV	\$310.00
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY=	\$102.00
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	\$52.00
J1100	DEXAMETHASONE 1 MG ML SOLUTION	\$0.38
J3301	KENALOG	\$4.00
J7324	Hyaluronan or derivative, orthovisc, for intraarticular injection, per dose	\$259.00

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.