



CU Sports Medicine Steadman Hawkins – Denver, CO

CPT Code	Procedure Name	Fee
99203	LEVEL 3 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$303.00
99204	LEVEL 4 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$512.00
99212	LEVEL 2 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$118.00
99213	LEVEL 3 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$201.00
99214	LEVEL 4 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$309.00
20610	ARTHROCENTESIS, ASPIRATION, AND/OR INJECTION OF MAJOR JOINT OR BURSA (E.G. SHOULDER, HIP, KNEE)	\$238.00
73030	X-RAY SHOULDER COMPLETE, MINIMUM 2 VIEWS	\$124.00
73502	X-RAY, HIP UNILATERAL WITH PELVIS, 2-3 VIEWS	\$164.00
73562	X-RAY KNEE, 3 VIEWS	\$149.00
73564	X-RAY KNEE COMPLETE, 4/MORE VIEWS	\$172.00
73610	X-RAY ANKLE COMPLETE, MINIMUM 3 VIEWS	\$134.00
73630	X-RAY FOOT COMPLETE, MIN 3 VIEW	\$125.00
J1100	DEXAMETHASONE INJECTION PER 1 MG/ML SOLUTION	\$0.38
J3301	KENALOG INJECTION PER 10MG	\$4.00
J7324	HYALURONON OR DERIVATIVE, ORTHOVISC,M FOR INTRA-ARTICULAR 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.