



## CU Sports Medicine and Performance Center – Boulder, CO

CPT Code	Procedure Name	Fee
99202	LEVEL 2 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$219.00
99203	LEVEL 3 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$317.00
99204	LEVEL 4 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$489.00
99212	LEVEL 2 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$128.00
99213	LEVEL 3 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$212.00
99214	LEVEL 4 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$320.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECTION OF MAJOR JOINT OR BURSA (E.G. SHOULDER, HIP, KNEE)	\$239.00
73030	X-RAY SHOULDER COMPLETE, MINIMUM 2 VIEWS	\$41.00
73562	X-RAY KNEE 3 VIEWS	\$38.00
73564	X-RAY KNEE COMPLETE, 4/MORE VIEWS	\$46.00
73630	X-RAY FOOT COMPLETE, MIN 3 VIEW	\$34.00
73721	MRI ANY JOINT OF THE LOWER EXTREMITY W/O CONTRAST MATERIAL	\$271.00
J1030	INJECTION METHYLPREDNISOLONE ACETATE 40 MG	\$4.00
J3301	KENALOG INJECTION PER 10MG	\$3.00
J7321	HYALGAN OR SUPARTZ INTRA-ARTICULAR INJECTION PER DOSE	\$285.00
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$350.00

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.