



## CU Medicine Orthopedics Broomfield - Broomfield, CO

Code	Procedure Name	Fee
99214	OUTPT ESTAB VST-LVEL IV	\$ 512.00
99204	OUTPT NEW VST-LVL IV	\$ 661.00
99024	POST-OP VISIT INCL GLOBAL SVCS	\$ -
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$ 326.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
99205	OUTPT NEW VST-LVL V	\$ 872.00
99215	OUTPT ESTAB VST-LVL V	\$ 714.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	\$ 293.00
20550	INJECTION(S) SINGLE TENDON SHEATH/LIGAMENT	\$ 289.00
20600	ARTHROCENTESIS ASPIRATION AND OR INJECT SMALL JOINT OR BURSA	\$ 267.00
20611	ARTHROCENTESIS ASPIR AND OR INJ MAJOR JOINT OR BURSA WITH USG W PERM RR	\$ 504.00
28470	CLOSED TREAT METATARSAL FX W/O MANIPULATION EACH	\$ 1,118.00
20605	ARTHROCENTESIS ASPIRATION AND OR INJECT INTERMED JOINT OR BURSA	\$ 276.00
20612	ASPIRATION &/OR INJECTION GANGLION CYST(S) ANY LOCATION	\$ 324.00

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.