



CU Medicine Regenerative Medicine, Hand and Spine Center – Englewood, CO

Code	Description	Fee
64483	INJECT TXFORAMINAL EPIDURAL W/IG LUMBAR/SACRAL SINGLE LEVEL	\$1,284.00
27096	INJECT SACROILIAC JOINT	\$847.00
64484	INJECT TXFORAMINAL EPIDURAL W/IG LUMB/SACRAL EACH ADDIT LEVEL	\$580.00
64493	INJECT DIAG/THERAP AGENT W/IMAGE GUID LUMBAR/SACRAL SINGLE LEV	\$912.00
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	\$1,369.00
64494	INJECT DIAG/THERAP AGENT WITH IMAGE GUID LUMBAR/SACRAL SECOND LEV	\$465.00
64490	INJECTION DIAG/THERAP AGENT CERVICAL/THORACIC SINGLE LEV	\$991.00
20611	ARTHROCENTESIS ASPIR AND OR INJ MAJOR JOINT OR BURSA WITH USG W PERM RR	\$504.00
64491	INJECTION DIAG/THERAP AGENT ETC CERVICAL/THORACIC SECOND LEV	\$497.00
64635	DESTRUCT NEUROLYTIC AGENT PVFJN W IG LUMBAR OR SACRAL SINGLE FACET JOINT	\$2,311.00
64636	DESTRUCT NEUROLYTIC AGENT PVFJN W IG LUMBAR OR SACRAL EACH ADDIT FACET JOINT	\$1,289.00
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (BIOPSY/ASPIRATION INJECTION)	\$797.00
64450	INJECTION AA&/STRD OTHER PERIPHERAL NERVE/BRANCH	\$405.00
20550	INJECTION(S) SINGLE TENDON SHEATH/LIGAMENT	\$289.00
20552	INJECTION(S) SINGLE/MULT TRIGGER POINT(S) 1 OR 2 MUSCLE(S)	\$278.00

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.