



CU Medicine Orthopedics Broomfield - Broomfield, CO

Code	Description	Fee
11L3908	APOLLO UNIVERSAL WRIST BRACE	\$ 85.00
13A9999	COMFORT COOL	\$ 35.00
20550	INJECTION(S) SINGLE TENDON SHEATH/LIGAMENT	\$ 289.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$ 326.00
20611	ARTHROCENTESIS ASPIR AND OR INJ MAJOR JOINT OR BURSA WITH USG W PERM RR	\$ 504.00
99024	POST-OP VISIT INCL GLOBAL SVCS	\$ -
99203	OUTPT NEW VST-LVL III	\$ 443.00
99204	OUTPT NEW VST-LVL IV	\$ 659.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LVL IV	\$ 507.00
99215	OUTPT ESTAB VST-LVL V	\$ 713.00
29075	APPLY CAST ELBOW TO FINGER (SHORT ARM)	\$ 436.00
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (BIOPSY/ASPIRATION INJECTION)	\$ 797.00
20605	ARTHROCENTESIS ASPIRATION AND OR INJECT INTERMED JOINT OR BURSA	\$ 276.00
99202	OUTPT NEW VST-LVL II	\$ 302.00
20600	ARTHROCENTESIS ASPIRATION AND OR INJECT SMALL JOINT OR BURSA	\$ 267.00

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.