



CU Medicine Orthopedics Longmont – Longmont, CO

Code	Procedure Name	Fee
99204	OUTPT NEW VST-LVL IV	\$ 661.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
99024	POST-OP VISIT INCL GLOBAL SVCS	\$ -
73630	X-RAY FOOT COMPLETE MIN 3 VIEW	\$ 142.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$ 152.00
73130	X-RAY HAND MINIMUM 3 VIEWS	\$ 151.00
99205	OUTPT NEW VST-LVL V	\$ 872.00
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$ 142.00
73110	X-RAY WRIST COMPLETE MINIMUM 3 VIEWS	\$ 169.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
73562	X-RAY KNEE 3 VIEWS	\$ 169.00
73564	X-RAY KNEE COMPLETE 4/MORE VIEWS	\$ 191.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$ 326.00
72114	X-RAY SPINE LUMBOSACRAL COMPLETE INCLUDING BENDING VIEWS	\$ 265.00

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.