



CU Medicine Physical Medicine and Rehabilitation
Cherry Creek Medical Center - Denver CO

Code	Procedure Name	Fee
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
64483	INJECT TXFORAMINAL EPIDURAL W/IG LUMBAR/SACRAL SINGLE LEVEL	\$ 1,284.00
99204	OUTPT NEW VST-LVL IV	\$ 661.00
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	\$ 1,369.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
64493	INJECT DIAG/THERAP AGENT W/IMAGE GUID LUMBAR/SACRAL SINGLE LEV	\$ 912.00
64484	INJECT TXFORAMINAL EPIDURAL W/IG LUMB/SACRAL EACH ADDIT LEVEL	\$ 580.00
64494	INJECT DIAG/THERAP AGENT WITH IMAGE GUID LUMBAR/SACRAL SECOND LEV	\$ 465.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$ 326.00
27096	INJECT SACROILIAC JOINT	\$ 847.00
64490	INJECTION DIAG/THERAP AGENT CERVICAL/THORACIC SINGLE LEV	\$ 991.00
64633	DESTRUCT NEUROLYTIC AGENT PFJN W IG CERVICAL OR THORACIC SINGLE FACET JOINT	\$ 2,290.00
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PALCEMENT	\$ 482.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00

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.