

## CU ATHLETICS CHAMPIONS TRAINING ROOM

| Code  | Description   | FEE      |
|-------|---|----------|
| 99213 | OUTPT ESTAB VST-LVL III   | \$294.00 |
| 99395 | PREV E & M ESTAB PT 18-39 YRS   | \$356.00 |
| 99385 | PREV E & M NEW PT 18-39 YRS   | \$392.00 |
| 99212 | OUTPT ESTAB VST-LVL II  | \$179.00 |
| 99203 | OUTPT NEW VST-LVL III   | \$428.00 |
| 99214 | OUTPT ESTAB VST-LVEL IV   | \$429.00 |
| 99202 | OUTPT NEW VST-LVL II  | \$302.00 |
| 20610 | ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA            | \$303.00 |
| 99204 | OUTPT NEW VST-LVL IV  | \$649.00 |
| 99384 | PREV E & M NEW PT 12-17 YRS ADOLESCENT                                  | \$409.00 |
| 20611 | ARTHROCENTESIS ASPIR AND OR INJ MAJOR JOINT OR BURSA WITH USG W PERM RR | \$462.00 |
| 10060 | INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE                               | \$597.00 |
| 20605 | ARTHROCENTESIS ASPIRATION AND OR INJECT INTERMED JOINT OR BURSA         | \$255.00 |
| 11301 | SHAVE SKIN T-A-L LESION 0.6 TO 1.0 CM                                   | \$603.00 |
| 73030 | X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS                                 | \$139.00 |

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.