



CU Family Medicine Depot Hill – Broomfield, CO

CPT Code	Procedure Name	Fee
99203	LEVEL 3 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$ 304.00
99204	LEVEL 4 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$ 512.00
99213	LEVEL 3 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$ 203.00
99214	LEVEL 4 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$ 310.00
99205	LEVEL 5 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$ 668.00
99395	PREVENTATIVE E/M ESTABLISHED; PT 18-39 YRS	\$ 353.00
99396	PREVENTATIVE E/M ESTABLISHED; PT 40-64 YRS	\$ 383.00
90834	PSYCHOTHERAPY 45 MINUTES W/PATIENT AND/OR FAMILY	\$ 416.00
90837	PSYCHOTHERAPY 60 MINUTES W/PATIENT AND/OR FAMILY	\$ 623.00
36415	COLLECTION OF VENOUS BLOOD (VENIPUNCTURE)	\$ 15.00
87880	STREP A ASSAY W/OPTIC	\$ 64.00
90471	IMMUNIZATION ADMIN ONE VACCINE	\$ 127.00
94760	NONINVASIVE EAR/PULSE OXIMETRY; 1 DETERMINE	\$ 48.00
96372	THERAPUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION, SUBCUT/INTRAMUSCULAR	\$ 127.00
J1050	INJECTION MEDROXPROGESTERONE ACETATE 1 MG	\$ 0.84
J3145	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	\$ 2.00

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.