



Barbara Davis Center for Diabetes (Adult's Clinic) – Aurora, CO

Code	Description	Fee
83036	HEMOGLOBIN GLYCOSYLATED (A1C)	\$52.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN	\$9.00
99215	OUTPT ESTAB VST-LVL V	\$714.00
99214	OUTPT ESTAB VST-LVEL IV	\$512.00
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING ETC MIN 72 HRS INTERPRET & REPORT	\$218.00
99205	OUTPT NEW VST-LVL V	\$872.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
99417	PROLNG OP E/M EACH 15 MIN	\$130.00
G2212	PROLONG SERVICES OUTPT/OFFICE ONLY, 15 MINS	\$130.00
99204	OUTPT NEW VST-LVL IV	\$661.00
11S9140	DIAB MGMT PRGRM VISIT; NON MD PROV 30-44 MIN	\$260.00
97802	MEDICAL NUTRITION, INDIV, IN	\$187.00
99203	OUTPT NEW VST-LVL III	\$443.00
12S9140	DIAB MGMT PRGRM VISIT; NON MD PROV 15-29 min	\$130.00
G0108	DIABETES OP SELF MANAGE INDIV PER 30 MIN	\$280.00

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.