



CU Medicine Psychiatry – Outpatient Clinic – Denver, CO

Code	Description	Fee
99214	OUTPT ESTAB VST-LEVEL IV	\$512.00
90837	PSYCHOTHERAPY 60 MIN WITH PATIENT AND OR FAMILY MEMBER	\$581.00
90853	GROUP/PSYCHOTHERAPY	\$112.00
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$396.00
99204	OUTPT NEW VST-LVL IV	\$661.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICE	\$772.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES PER DIEM	\$612.00
99215	OUTPT ESTAB VST-LVL V	\$714.00
99212	OUTPT ESTAB VST-LVL II	\$225.00
90833	PSYCHOTHERAPY 30 MIN W PATIENT AND OR FAMILY MEMBER WP W EVAL & MGMT SVC	\$275.00
90847	FAMILY PSYTX W/PATIENT	\$444.00
90836	PSYCHOTHERAPY 45 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$348.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$690.00
99417	PROLNG OP E/M EACH 15 MIN	\$130.00

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.