University of Colorado Medicine
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Transcranial Magnetic Stimulation (TMS) Clinic – Aurora, CO

Code	Description	Fee
90868	THERAPEUT REPET TXCRANIAL MAGNET STIMUL TXMT DELIVERY & MGMT PER SESSION	$1,530.00
99213	OUTPT ESTAB VST-LVL III	$361.00
99214	OUTPT ESTAB VST-LVEL IV	$512.00
99215	OUTPT ESTAB VST-LVL V	$714.00
90833	PSYCHOTHERAPY 30 MIN W PATIENT AND OR FAMILTY MEMBER WP W EVAL & MGMT SVC	$275.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICE	$772.00
90867	THERAPEUT REPET TXCRANIAL MAGNET STIMUL TREATMENT PLANNING	$2,187.00
90836	PSYCHOTHERAPY 45 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	$348.00

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.