



CU HELEN AND ARTHUR E JOHNSON DEPRESSION CTR - AURORA, CO

Code	Description	FEE
90837	PSYCHOTHERAPY 60 MIN WITH PATIENT AND OR FAMILY MEMBER	\$530.00
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
90833	PSYCHOTHERAPY 30 MIN W PATIENT AND OR FAMILY MEMBER WP W EVAL & MGMT SVC	\$275.00
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$353.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
90836	PSYCHOTHERAPY 45 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$348.00
99215	OUTPT ESTAB VST-LVL V	\$575.00
90847	FAMILY PSYTX W/PATIENT	\$444.00
90853	GROUP/PSYCHOTHERAPY	\$112.00
90832	PSYCHOTHERAPY 30 MIN WITH PATIENT AND OR FAMILY MEMBER	\$265.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICE	\$610.00
90838	PSYCHOTHERAPY 60 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$459.00
1300745	TRAINEE FEE; 60 MINUTES	\$1,000.00
99443	TELEPHONE E/M ESTAB, PT, PARENT, GUARDIAN 21-30 MIN	\$418.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$543.00
1300729	PHD/PSYD FOLLOW-UP; 31-60 MINUTES	\$200.00

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.