



Barbara Davis Center for Diabetes - Aurora, CO

| Code | Description | Fee |
|-------|--|-----------|
| 99215 | OUTPT ESTAB VST-LVL V | \$ 713.00 |
| 83036 | HEMOGLOBIN GLYCOSYLATED (A1C) | \$ 52.00 |
| G9002 | COORDINATED CARE FEE MAINT RATE | \$ 224.00 |
| 99417 | PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN | \$ 130.00 |
| 99214 | OUTPT ESTAB VST-LEVEL IV | \$ 507.00 |
| G0108 | DIABETES OP SELF MANAGE INDIV PER 30 MIN | \$ 280.00 |
| G0109 | DIABETES OP SELF MANAGE GROUP PER 30 MIN | \$ 86.00 |
| 96127 | BRIEF EMOTION BEHAV ASSESSMT W SCORING AND DOC P STANDARDIZED INSTRUMENT | \$ 33.00 |
| 92250 | FUNDUS PHOTOGRAPHY W/INTRPRT & RPRT | \$ 390.00 |
| 97802 | MEDICAL NUTRITION, INDIV, IN | \$ 186.00 |
| 99213 | OUTPT ESTAB VST-LVL III | \$ 360.00 |
| 92015 | DETERMINE REFRACTIVE STATE | \$ 72.00 |
| 99205 | OUTPT NEW VST-LVL V | \$ 871.00 |
| G2212 | PROLONG SERVICES OUTPT/OFFICE ONLY, 15 MINS | \$ 130.00 |
| 95251 | AMBULATORY CONTINUOUS GLUCOSE MONITORING ETC MIN 72 HRS INTERPRET & REPORT | \$ 218.00 |

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.