



Hemophilia and Thrombosis Center – Aurora, CO

Code	Description	Fee
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 15.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN	\$ 9.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$ 34.00
96360	INTRAVENOUS INFUSION HYDRATION INITIAL 31 MINUTES TO 1 HOUR	\$ 288.00
96374	THERAPEUTIC PROPHYLACTIC OR DIAGNOS INJECT IV PUSH SINGLE/INITIAL SUB/DRUG	\$ 287.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
99204	OUTPT NEW VST-LVL IV	\$ 659.00
99205	OUTPT NEW VST-LVL V	\$ 871.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LVEL IV	\$ 507.00
99215	OUTPT ESTAB VST-LVL V	\$ 713.00
99443	TELEPHONE E/M ESTAB, PT, PARENT, GUARDIAN 21-30 MIN	\$ 507.00
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE	\$ 146.00

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.