



Helen and Arthur E. Johnson Depression Center – Aurora, CO

Code	Procedure Name	Fee
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 383.00
90837	PSYCHOTHERAPY 60 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 563.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
90833	PSYCHOTHERAPY 30 MIN W PATIENT AND OR FAMILTY MEMBER WP W EVAL & MGMT SVC	\$ 275.00
99215	OUTPT ESTAB VST-LVL V	\$ 714.00
1300745	TRAINEE FEE; 60 MINUTES	\$ 25.00
90853	GROUP/PSYCHOTHERAPY	\$ 112.00
90847	FAMILY PSYTX W/PATIENT	\$ 444.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
90832	PSYCHOTHERAPY 30 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 290.00
90836	PSYCHOTHERAPY 45 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$ 348.00
1300306	NO CHARGE/CONSULT/BUNDLED VISIT	\$ -
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 668.00
95984	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	\$ 224.00
90849	MULT-FAMILY GRP PSYCHOTHERAPY	\$ 164.00

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.