



Hemophilia and Thrombosis Center – Aurora, CO

Code	Procedure Name	Fee
99215	OUTPT ESTAB VST-LVL V	\$ 714.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 42.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
99204	OUTPT NEW VST-LVL IV	\$ 661.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
99205	OUTPT NEW VST-LVL V	\$ 872.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
96374	THERAPEUTIC PROPHYLACTIC OR DIAGNOS INJECT IV PUSH SINGLE/INITIAL SUB/DRUG	\$ 287.00
96376	THERAPEUTIC PROPHYLACTIC/ DIAGNOS INJECT EA ADDIT SEQUEN IVS PUSH NEW SUB/DRUG	\$ 44.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN	\$ 9.00
99202	OUTPT NEW VST-LVL II	\$ 302.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
36591	COLLECTION BLOOD SPECIMEN FROM COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$ 139.00
36592	COLLECTION BLOOD SPECIMEN USING ESTAB CENTRAL/PERIPHERAL CATHETER VENOUS NOS	\$ 155.00
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	\$ 67.00

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.