



CU DENVER INTERNAL MEDICINE GROUP - Denver, CO

CPT Code	Procedure Name	Fee
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90662	INFLUENZA VIRUS VAC (IIV) SPLIT VIRUS PRESERV FREE ENHANCED IMMUNOGENICITY	\$65.00
90688	INFLUENZA VIRUS VAC (IIV4) ADMIN CHILDREN 3 YEARS AGE AND OLDER IM USE	\$87.00
90715	TDAP VACCINE GT7 IM	\$100.00
93000	ELECTROCARDIOGRAM,AT LEAST 12 LEADS	\$91.00
99203	OUTPT NEW VST-LVL III	\$304.00
99204	OUTPT NEW VST-LVL IV	\$512.00
99213	OUTPT ESTAB VST-LVL III	\$203.00
99214	OUTPT ESTAB VST-LVEL IV	\$310.00
99215	OUTPT ESTAB VST-LVL V	\$439.00
99385	PREV E & M NEW PT 18-39 YRS	\$387.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$353.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$383.00
G0439	ANNUAL WELLNESS VISIT INCL PPPS SUBSEQUENT VISIT	\$464.00
J1071	INJECTION TESTOSTERONE 1 MG	\$1.00

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.