



CU FAMILY MEDICINE LANDMARK – Greenwood Village, CO

CPT Code	Procedure Name	Fee
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
81002	URINALYSIS NON-AUTOMATED W/O MICROSCOPY	\$14.00
81003	URINALYSIS AUTOMATED W/O MICROSCOPY	\$12.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90686	INFLUENZA VIRUS VAC (IIV4) PRESRV FREE ADMIN INDIV 3 YEARS AGE AND OLDER IM USE	\$29.00
99202	OUTPT NEW VST-LVL II	\$203.00
99203	OUTPT NEW VST-LVL III	\$304.00
99213	OUTPT ESTAB VST-LVL III	\$203.00
99214	OUTPT ESTAB VST-LEVEL IV	\$310.00
99385	PREV E & M NEW PT 18-39 YRS	\$387.00
99386	PREV E & M NEW PT 40-64 YRS	\$471.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$353.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$383.00
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84
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.