



## CU HEMOPHILIA AND THROMBOSIS CENTER - Aurora, CO

CPT Code	Procedure Name	Fee
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
85576	PLATELET AGGREGATION (IN VITRO) EACH AGENT	\$114.00
99204	OUTPT NEW VST-LVL IV	\$512.00
99205	OUTPT NEW VST-LVL V	\$668.00
99214	OUTPT ESTAB VST-LEVEL IV	\$310.00
99215	OUTPT ESTAB VST-LVL V	\$439.00
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC	\$1.15
J7185	Injection, factor viii antihemophilic factor, recombinant xyntha, per i.u.	\$3.00
J7186	Injection, antihemophilic factor viiivon willebrand factor complex human, per f	\$2.00
J7187	Injection, von willebrand factor complex humatep, per iu vwf:rc0	\$2.00
J7189	Factor viia antihemophilic factor, recombinant, per 1 microgram	\$4.00
J7192	Factor viii antihemophilic factor, recombinant per i.u., not otherwise specifie	\$2.00
J7195	Injection, factor ix antihemophilic factor, recombinant per iu, not otherwise s	\$3.00
J7202	Factor ix idelvion inj	\$5.00
J7211	INJ FACTOR VIII KOVALTRY 1 IU	\$2.00

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.