



CU PSYCH FITZSIMONS BLDG - AURORA, CO

CPT Code	Procedure Name	Fee
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 386.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICE	\$ 435.00
90833	PSYCHOTHERAPY 30 MIN W PATIENT AND OR FAMILY MEMBER WP W EVAL & MGMT SVC	\$ 201.00
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 256.00
90836	PSYCHOTHERAPY 45 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$ 253.00
90837	PSYCHOTHERAPY 60 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 385.00
90838	PSYCHOTHERAPY 60 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$ 335.00
90847	FAMILY PSYTX W/PATIENT	\$ 324.00
90853	GROUP/PSYCHOTHERAPY	\$ 76.00
95984	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	\$ 222.00
99211	OUTPT ESTAB VST-LVL I	\$ 55.00
99212	OUTPT ESTAB VST-LVL II	\$ 118.00
99213	OUTPT ESTAB VST-LVL III	\$ 203.00
99214	OUTPT ESTAB VST-LVEL IV	\$ 310.00
99215	OUTPT ESTAB VST-LVL V	\$ 439.00

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.