



CU SPECIALTY CLINIC FOR CHILDREN - Broomfield, CO

CPT Code	Procedure Name	Fee
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	\$159.00
17110	DESTROY BENIGN LESION OTHER THAN SKIN TAGS/VASCULAR UP TO 14 LESIONS	\$354.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$34.00
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
99203	OUTPT NEW VST-LVL III	\$304.00
99204	OUTPT NEW VST-LVL IV	\$512.00
99205	OUTPT NEW VST-LVL V	\$668.00
99213	OUTPT ESTAB VST-LVL III	\$203.00
99214	OUTPT ESTAB VST-LVEL IV	\$310.00
99215	OUTPT ESTAB VST-LVL V	\$439.00
99243	OUTPAT CONSULT-LVL III	\$381.00
99244	OUTPAT CONSULT-LVL IV	\$606.00
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84

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.