



CU Denver Internal Medicine Group - Denver, CO

CPT Code	Procedure Name	Fee
99203	LEVEL 3 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$303.00
99213	LEVEL 3 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$201.00
99214	LEVEL 4 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$309.00
99215	LEVEL 5 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$438.00
99385	PREVENTATIVE COMPREHENSIVE VISIT, NEW PATIENT, 18-39 YRS	\$386.00
99395	PREVENTATIVE COMPREHENSIVE VISIT, ESTABLISHED PATIENT, 18-39 YRS	\$351.00
99396	PREVENTATIVE COMPREHENSIVE VISIT, ESTABLISHED PATIENT, 40-64 YRS	\$382.00
81002	URINALYSIS, NON-AUTOMATED, W/O MICROSCOPY	\$14.00
90471	IMMUNIZATION ADMINISTRATION OF ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90670	PNEUMOCOCCAL CONJUGATE VACCINE 13 (PCV13) FOR INTRAMUSCULAR USE	\$272.00
93000	ELECTROCARDIOGRAM, ROUTINE, AT LEAST 12 LEADS INCLUDES INTERPRETATION AND REPORT	\$91.00
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$61.00
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE (MEDICARE PATIENT)	\$61.00
G0439	ANNUAL WELLNESS VISIT, W PERSONALIZED PREVENTION PLAN, SUBSEQUENT VISIT (MEDICARE PATIENT)	\$458.00
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.