



University Pediatric Cardiology - Grand Junction, CO

CPT Code	Procedure Name	Fee
99202	LEVEL 2 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$203.00
99203	LEVEL 3 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$303.00
99204	LEVEL 4 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$512.00
99205	LEVEL 5 OFFICE/OUTPATIENT VISIT, NEW PATIENT	\$666.00
99212	LEVEL 2 OFFICE/OUTPATIENT VISIT, ESTABLISHED PATIENT	\$118.00
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
93000	ROUTINE ELECTROCARDIOGRAM, AT LEAST 12 LEADS INCLUDES INTERPRETATION AND REPORT	\$91.00
93303	TRANSTHORACIC ECHOCARDIOGRAPHY; COMPLETE	\$1,356.00
93306	ECHOCARDIOGRAPHY TRANSTHORACIC, REAL-TIME W/IMAGE DOCUMENTATION COMPLETE W/SPECTRAL DOPPLER	\$1,137.00
93320	DOPPLER ECHOCARDIOGRAPHY; COMPLETE	\$298.00
93325	DOPPLER COLOR FLOW IN ADDITION TO ECHOCARDIOGRAPHY	\$229.00
94060	BRONCHOSPASM EVALUATION: SPIROMETRY, PRE AND POST ADMINISTRATION OF BRONCHODILATOR ADMINISTRATION	\$304.00
94375	RESPIRATORY FLOW VOLUME LOOP	\$198.00

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.