



CU Medicine Ophthalmology Low Vision Rehabilitation – Aurora, CO

Code	Procedure Name	Fee
G2212	PROLONG SERVICES OUTPT/OFFICE ONLY, 15 MINS	\$ 130.00
99417	PROLNG OP E/M EACH 15 MIN	\$ 130.00
99215	OUTPT ESTAB VST-LVL V	\$ 714.00
99205	OUTPT NEW VST-LVL V	\$ 872.00
92134	SCAN CODI POSTERIOR SEG WIR RETINA	\$ 226.00
92083	VISUAL FIELD,EXAM;EXTENDED	\$ 432.00
92082	VISUAL FLD EXAM;INTERMEDIATE	\$ 335.00
92133	SCAN CODI POSTERIOR SEG WIR OPTIC NERVE	\$ 220.00
92081	VISUAL FIELD EXAM;LIMITED	\$ 233.00
67028	INTRAVITREAL INJECTION PHARMACOLOGICAL AGENT	\$ 663.00
92250	FUNDUS PHOTOGRAPHY W/INTRPRT & RPRT	\$ 390.00
68761	CLOSURE LACRIMAL PUNCTUM BY PLUG EACH (68761)	\$ 760.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
76512	OPHTHALMIC ULTRASOUND DIAGNSTIC B-SCAN (W-W/O SUPERIMPOSED NON-QUANT A-SCAN)	\$ 366.00
99204	OUTPT NEW VST-LVL IV	\$ 661.00

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.