



CU Family Medicine Landmark – Greenwood Village, CO

Code	Description	Fee
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$43.00
99214	OUTPT ESTAB VST-LEVEL IV	\$512.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$388.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$356.00
99204	OUTPT NEW VST-LVL IV	\$661.00
90460	IMMUN ADMIN THRU 18 YRS VIA ANY RTE ADMIN W COUNSEL OQHCP FIRST VACC COMPON	\$127.00
99203	OUTPT NEW VST-LVL III	\$443.00
G0439	ANNUAL WELLNESS VISIT INCL PPPS SUBSEQUENT VISIT	\$522.00
90715	TDAP VACCINE GT7 IM	\$188.00
90461	IMMUN ADMIN THRU 18 YRS VIA ANY RTE ADMIN EACH ADDIT VACC COMPONENT	\$65.00
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR INTRAMUSCULAR USE	\$1,446.00
99215	OUTPT ESTAB VST-LVL V	\$714.00
81003	URINALYSIS AUTOMATED W/O MICROSCOPY	\$12.00

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.