



CU HEMOPHILIA AND THROMBOSIS CENTER - AURORA, CO

Code	Description	FEE
J7187	Injection, von willebrand factor complex humatep, per iu vwf:rco	\$2.00
J7192	Factor viii antihemophilic factor, recombinant per i.u., not otherwise specifie	\$2.00
J7195	Injection, factor ix antihemophilic factor, recombinant per iu, not otherwise s	\$3.00
J7207	Factor viii pegylated recomb	\$3.00
J7182	Injection, factor viii, antihemophilic factor, recombinant, novoeight, per iu	\$2.00
J7185	Injection, factor viii antihemophilic factor, recombinant xyntha, per i.u.	\$3.00
J7202	Factor ix idelvion inj	\$7.00
J7193	Factor ix antihemophilic factor, purified, nonrecombinant per i.u.	\$2.00
99215	OUTPT ESTAB VST-LVL V	\$575.00
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	\$122.00
99214	OUTPT ESTAB VST-LVEL IV	\$429.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
99205	OUTPT NEW VST-LVL V	\$816.00
99204	OUTPT NEW VST-LVL IV	\$649.00
99203	OUTPT NEW VST-LVL III	\$428.00

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.