



CU Medicine Family Medicine Depot Hill – Broomfield, CO

Code	Description	Fee
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 15.00
80305	DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	\$ 58.00
90460	IMMUN ADMIN THRU 18 YRS VIA ANY RTE ADMIN W COUNSEL OQHCP FIRST VACC COMPO	\$ 127.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$ 127.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 640.00
90832	PSYCHOTHERAPY 30 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 278.00
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 367.00
99202	OUTPT NEW VST-LVL II	\$ 302.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
99204	OUTPT NEW VST-LVL IV	\$ 659.00
99205	OUTPT NEW VST-LVL V	\$ 871.00
99211	OUTPT ESTAB VST-LVL I	\$ 94.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LVL IV	\$ 507.00
99215	OUTPT ESTAB VST-LVL V	\$ 713.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$ 356.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$ 388.00
G0439	ANNUAL WELLNESS VISIT INCL PPS SUBSEQUENT VISIT	\$ 522.00

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.