



Barbara Davis Center for Diabetes – Aurora, CO

Code	Description	FEE
83036	HEMOGLOBIN GLYCOSYLATED (A1C)	\$52.00
83519	IMMUNOASSAY QUANTITATIVE BY RADIOIMMUNOASSAY	\$74.00
86341	ISLET CELL ANTIBODY	\$95.00
86337	INSULIN ANTIBODIES	\$116.00
83516	IMMUNOASSAY QUAL/SEMIQUANT MULTI STEP METHOD	\$62.00
86849	UNLISTED IMMUNOLOGY PROC	\$26.00
99215	OUTPT ESTAB VST-LVL V	\$575.00
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING ETC MIN 72 HRS INTERPRET & REPORT	\$218.00
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN	\$9.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
99205	OUTPT NEW VST-LVL V	\$816.00
99417	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	\$130.00
G2212	PROLONG SERVICES OUTPT/OFFICE ONLY, 15 MINS	\$130.00
95250	AMBULATORY CONTIN GLUCOSE MONITORING ETC MIN 72 HRS SENSOR PLACEMENT ETC	\$810.00
99215	OUTPT ESTAB VST-LVL V	\$575.00

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.