



CU BH AMC HLTH CTR- DENVER, CO

Code	Description	FEE
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$353.00
90837	PSYCHOTHERAPY 60 MIN WITH PATIENT AND OR FAMILY MEMBER	\$530.00
99214	OUTPT ESTAB VST-LVEL IV	\$429.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
90853	GROUP/PSYCHOTHERAPY	\$112.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$543.00
90836	PSYCHOTHERAPY 45 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$348.00
90832	PSYCHOTHERAPY 30 MIN WITH PATIENT AND OR FAMILTY MEMBER	\$265.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICE	\$610.00
99204	OUTPT NEW VST-LVL IV	\$649.00
90833	PSYCHOTHERAPY 30 MIN W PATIENT AND OR FAMILTY MEMBER WP W EVAL & MGMT SVC	\$275.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
99205	OUTPT NEW VST-LVL V	\$816.00
99203	OUTPT NEW VST-LVL III	\$428.00
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.