



CU MARCUS INSTITUTE FOR BRAIN HEALTH - AURORA, CO

Code	Description	FEE
97112	NEUROMUSCULAR REEDUCATION 1/MORE AREA	\$178.00
97530	THERAPEUTIC ACTIVITIES DIRECT PT CONTACT EACH 15 MIN	\$214.00
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	\$115.00
96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	\$218.00
96165	HEALTH BEHAVIOR IVNTJ GROUP F2F EA ADDL 15 MIN	\$20.00
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	\$498.00
99417	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	\$130.00
90837	PSYCHOTHERAPY 60 MIN WITH PATIENT AND OR FAMILY MEMBER	\$530.00
92507	TREAT SPEECH,VOICE,AUUDITORY DSORDR;INDIV	\$399.00
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	\$118.00
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$353.00
96164	HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST 30 MIN	\$44.00
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	\$504.00
92523	EVALUATION SPEECH SOUND PRODUCTION W EVAL LANGUAGE COMPREHENSION AND EXPRESS	\$1,158.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$543.00

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.