



### CU NEPHROLOGY– LONGMONT, CO

Code	Description	FEE
99214	OUTPT ESTAB VST-LEVEL IV	\$257.40
99205	OUTPT NEW VST-LVL V	\$489.60
99215	OUTPT ESTAB VST-LVL V	\$345.00
99204	OUTPT NEW VST-LVL IV	\$389.40
99203	OUTPT NEW VST-LVL III	\$256.80
99213	OUTPT ESTAB VST-LVL III	\$176.40
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$51.60
90662	INFLUENZA VIRUS VAC (IIV) SPLIT VIRUS PRESERV FREE ENHANCED IMMUNOGENICITY	\$177.60
99417	PROLONGED OFFICE/OUTPATIENT E/M SVC EA 15 MIN	\$78.00
99212	OUTPT ESTAB VST-LVL II	\$107.40
90686	INFLUENZA VIRUS VAC (IIV4) PRESRV FREE ADMIN INDIV 3 YEARS AGE AND OLDER IM USE	\$57.00
90746	HEP B VACCINE ADULT DOSAGE IM USE	\$202.80
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$76.20
90472	IMMUNIZATION ADMIN EACH ADDIT VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$39.00
98971	QNHP ONLINE DIGITAL E/M SVC EST PT LESS THAN 7 D 11-20MIN	\$63.60
G0010	Administration of hepatitis b vaccine	\$51.60
G2212	PROLONG SERVICES OUTPT/OFFICE ONLY, 15 MINS	\$78.00

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.

