



CU Medicine Psychiatry Outpatient Clinic – Aurora, CO

Code	Procedure Name	Fee
99214	OUTPT ESTAB VST-LVEL IV	\$ 512.00
90837	PSYCHOTHERAPY 60 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 563.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
90853	GROUP/PSYCHOTHERAPY	\$ 112.00
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICE	\$ 748.00
90834	PSYCHOTHERAPY 45 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 383.00
1300745	TRAINEE FEE; 60 MINUTES	\$ 25.00
90836	PSYCHOTHERAPY 45 MIN W PATIENT AND OR FAMILY MEMBER W EVAL & MGMT SVC	\$ 348.00
90847	FAMILY PSYTX W/PATIENT	\$ 444.00
90832	PSYCHOTHERAPY 30 MIN WITH PATIENT AND OR FAMILY MEMBER	\$ 290.00
90846	FAMILY PSYTX W/O PATIENT	\$ 427.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$ 668.00
600999	E CLINIC TELEMEDICINE NO CHARGE	\$ -
90833	PSYCHOTHERAPY 30 MIN W PATIENT AND OR FAMILY MEMBER WP W EVAL & MGMT SVC	\$ 275.00

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.