Sixteen Most Commonly Provided Services

In compliance with Colorado Revised Statute: 25-49-103 – Transparency in Health Care Prices Act, listed below are our 16 most commonly provided services, a description, and the charge associated with each.

Please understand that the health care price for any service is an estimate and that the actual charge for the health care services given is dependent on the circumstances at the time those services are rendered.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303-779-5437 to discuss payment options prior to receiving a health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility.

Transparency in Health Care: 16 Most Commonly Provided Services

90460 – Immunization administration through 18 years of age via any route of administration, with counseling by a physician or other health care professional; first or only component of each vaccine or toxoid administered. $50.00

90461 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other health care professional; each additional vaccine or toxoid component administered. $20.00

96110 – Developmental Screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standard instrument. $30.00

96127 – Brief emotional/behavioral assessment (eg depression inventory, attention deficit hyperactivity disorder (ADHD) scale), with scoring and documentation, per standardized instrument. (teen screen) $25.00

99173 – Screening test of visual acuity, quantitative, bilateral $18.00

99213 – Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of low to moderate severity. $150.00

99214 – Office of other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) are of moderate to high severity. $210.00

99391 – Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year). $160.00

99392 – Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1-4 years). $170.00

99393 - Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5-11 years). $170.00

99394 - Periodic comprehensive preventative medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12-17 years). $185.00

G0136- Administration of a standardized, evidence-based Social Determinants of Health (SDOH) risk assessment, 5–15 minutes, not more often than every 6 months $35

87651- Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique $75

90656- Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use $35

92551- Screening test, pure tone, air only $25

36416- Collection of capillary blood specimen $25

Examples of Codes Used:

These are examples of codes that can be used within one visit. This is dependent on each patient and visit and does not reflect a specific provider, diagnosis, or length of visit. This is for example use only. Many tests, screeners, and vaccines are done in conjunction with a Well-Visit. Similarly, many tests and labs are done in conjunction with a Sick-Visit.

An 11 year old Well Visit and Med Check:

11 year olds typically receive 3 vaccines, an emotional/behavioral assessment, and a lipid panel. In this example the patient combined their visit with their med-check. The total billed amount for this specific visit would be $960. Since most insurance plan covered preventative care, we frequently see copays and balances applied to the 99214 code along with tests or labs if your insurance does not include those in their preventative care description (some do, and some don't).

99393 – Well Visit

99214 – Med Check

96127 – Depression Screen

90619 – Meningitis Vaccine

90651 – HPV Vaccine

90715 – TdaP Vaccine

90460 – Vaccine administration (1st component) x3

90461 – Vaccine administration (additional component) x2

80061 – Lipid Panel Blood Tests

36416 – Capillary Blood Specimen Collection

Example of a 14 year old visit for sore throat/cough/runny nose, with a sore throat being the main symptom.* The total billed amount for this specific visit is $225.

99213 – Visit code

87651- Strep Test

Example of a 12 year old visit for fatigue lasting over 4 weeks. The total billed amount for this specific visit is $335.

99215 – visit code (consultation or complex sick visit)

36415 – collection venous blood venipuncture

99000 – Lab send out for bloodwork*

* Some labs we are not able to complete in our office, these are 'sent out' to usually either Labcorp (sometimes Quest, depending on your insurance). Since we are not the performing facility, we do not know the billed amount and any questions will need to be directed towards that lab. We are happy to provide the name and number for the lab the test was sent to.