



## Allergy, Asthma & Sinus Center

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In compliance with Colorado Revised Statute: 25-49-103 – Transparency in Health Care Prices Act, we are providing our top 15 most commonly provided services along with the corresponding CPT code (billing code). We have also included the service description and charge amount.

Please note that the charge amount we are providing is prior to insurance coverage. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303-238-0471 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.

If you **are** covered by health insurance, you are strongly encouraged to consult with your medical insurance provider to determine your coinsurance or deductible amount and to be informed about your financial responsibility for the particular health care service provided by our healthcare providers.

CPT CODE	DESCRIPTION	CHARGE
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history, a detailed examination, medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of this problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$132.00
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history, a comprehensive 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 this problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$201.00
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high 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. Typically, 60 minutes are spent face-to-face with the patient and/or family <i>is appropriate to report services for only the sickest patients.</i>	\$245.00

99213	Office or other outpatient visit for the evaluation and management of the 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/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of this problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$90.00
99214	Office or other outpatient visit for the evaluation and management of the 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 this problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	\$135.00
95044	Patch or application test(s).	\$10.31/Per Test
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests.	\$8.28/Per Test
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests.	\$9.29/Per Test
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses).	\$15.86/Per Unit
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections.	\$22.00
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection.	\$13.00
94640	Treatment of acute airway obstruction with inhaled medication and/or the use of an inhalation treatment to induce sputum for diagnostic purposes.	\$22.00
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation.	\$46.00
94060	Bronchodilation responsiveness, spirometry as in 9410, pre- and post-bronchodilator administration.	\$75.00
96401	Injection of Other Highly Complex Drug or Highly Complex Biologic Agent Administration.	\$85.30/Per Injection

\*If you have any questions, please reach out to our office\*