



CU Center for Midwifery – Longmont, CO

Code	Procedure Name	Fee
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$ 359.00
93010	ELECTROCARDIOGRAM;INTRPRT/RPRT	\$ 43.00
99204	OUTPT NEW VST-LVL IV	\$ 661.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
99215	OUTPT ESTAB VST-LVL V	\$ 714.00
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$ 795.00
58300	INSERT INTRAUTERINE DEVICE (58300)	\$ 442.00
59025	FETAL NON-STRESS TEST (59025)	\$ 245.00
59426	ANTEPARTUM CARE ONLY;7+ VISITS	\$5,059.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL	\$ 405.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$ 34.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$ 127.00
90715	TDAP VACCINE GT7 IM	\$ 183.00
99202	OUTPT NEW VST-LVL II	\$ 302.00
99203	OUTPT NEW VST-LVL III	\$ 443.00

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.