



CU South Metro OB/GYN – Highlands Ranch, CO

CPT Code	Procedure Name	Fee
99213	LEVEL 3 OFFICE/OUTPATIENT ESTABLISHED PATIENT	\$155.00
99385	PREVENTATIVE COMPREHENSIVE VISIT, NEW PATIENT, 18-39 YRS	\$216.00
99395	PREVENTATIVE COMPREHENSIVE VISIT, ESTABLISHED PATIENT, 18-39 YRS	\$196.00
99396	PREVENTATIVE COMPREHENSIVE VISIT, ESTABLISHED PATIENT, 40-64 YRS	\$213.00
58300	INSERT INTRAUTERINE DEVICE (IUD)	\$225.00
59025	FETAL NON-STRESS TEST	\$145.00
76811	ULTRASOUND PREGNANT UTERUS DETAILED FETAL ANATOMIC EXAM SINGLE/FIRST GESTATION	\$690.00
76816	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION, FOLLOW-UP, TRANSABDOMINAL, SINGLE/FIRST GESTATION	\$378.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION, TRANSVAGINAL	\$328.00
76830	ULTRASOUND TRANSVAGINAL	\$400.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$25.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$75.00
90715	TDAP VACCINE GT7 IM	\$55.00
J1050	INJECTION DEPO PROVERA (MEDROXYPROGESTERONE ACETATE) PER 1 MG	\$0.84
J1725	INJECTION, MAKENA (hydroxyprogesterone caproate) PER 1 mg	\$4.00

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.