



CU Center for Midwifery Longmont – Longmont, CO

Code	Description	Fee
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$359.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
59025	FETAL NON-STRESS TEST (59025)	\$245.00
59426	ANTEPARTUM CARE ONLY;7+ VISITS	\$5,059.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90715	TDAP VACCINE GT7 IM	\$188.00
99214	OUTPT ESTAB VST-LEVEL IV	\$512.00
59430	POSTPARTUM CARE ONLY (59430)	\$1,326.00
90384	RHO(D) IG (RHLG) HUMAN FULL-DOSE FOR INTRAMUSCULAR USE	\$156.00
96372	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION SUBCUT/INTRAMUSCULAR	\$127.00
99202	OUTPT NEW VST-LVL II	\$302.00
99205	OUTPT NEW VST-LVL V	\$872.00
99386	PREV E & M NEW PT 40-64 YRS	\$476.00

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.