



CU Medicine Obstetrics and Gynecology – Parker – Parker, CO

Code	Description	Fee
99396	PREV E & M ESTAB PT 40-64 YRS	\$388.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$356.00
76830	ECHOGRAPHY TRANSVAGINAL	\$506.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
99214	OUTPT ESTAB VST-LVEL IV	\$512.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$34.00
1076998	REDUCED ULTRASONIC GUIDANCE; INTEROPERATIVE	\$325.00
58300	INSERT INTRAUTERINE DEVICE (58300)	\$456.00
58301	REMOVE INTRAUTERINE DEVICE (58301)	\$565.00
99203	OUTPT NEW VST-LVL III	\$443.00
99212	OUTPT ESTAB VST-LVL II	\$225.00
99385	PREV E & M NEW PT 18-39 YRS	\$392.00
76805	ULTRASOUND PREG UTERUS AFTER 1ST TRIMESTER SINGLE/1ST GESTATION	\$586.00
99204	OUTPT NEW VST-LVL IV	\$661.00
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.