



CU Center for Midwifery – Longmont, CO

Code	Description	Fee
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 15.00
58300	INSERT INTRAUTERINE DEVICE (58300)	\$ 423.00
59025	FETAL NON-STRESS TEST (59025)	\$ 245.00
59426	ANTEPARTUM CARE ONLY;7+ VISITS	\$5,055.00
59430	POSTPARTUM CARE ONLY (59430)	\$1,326.00
81003	URINALYSIS AUTOMATED W/O MICROSCOPY	\$ 12.00
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	\$ 176.00
93010	ELECTROCARDIOGRAM;INTRPRT/RPRT	\$ 43.00
99205	OUTPT NEW VST-LVL V	\$ 871.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99215	OUTPT ESTAB VST-LVL V	\$ 713.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$ 356.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$ 388.00

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.