



CU Medicine Obstetrics and Gynecology South Metro - Highlands Ranch, CO

Code	Description	Fee
1300306	NO CHARGE/CONSULT/BUNDLED VISIT	\$ -
59025	FETAL NON-STRESS TEST (59025)	\$ 245.00
59430	POSTPARTUM CARE ONLY (59430)	\$1,326.00
76805	ULTRASOUND PREG UTERUS AFTER 1ST TRIMESTER SINGLE/1ST GESTATION	\$ 586.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$ 493.00
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$ 359.00
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDOMON APPR P/F	\$ 470.00
76830	ECHOGRAPHY TRANSVAGINAL	\$ 506.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$ 34.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$ 127.00
99024	POST-OP VISIT INCL GLOBAL SVCS	\$ -
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 507.00
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.