



## CU SOUTH METRO OBGYN – HIGHLANDS RANCH, CO

CPT Code	Procedure Name	Fee
58300	INSERT INTRAUTERINE DEVICE (58300)	\$272.00
59025	FETAL NON-STRESS TEST (59025)	\$245.00
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$359.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL	\$405.00
76830	ECHOGRAPHY TRANSVAGINAL	\$497.00
76857	ULTRASOUND PELVIC REAL TIME W/IMAGE DOC LIMITED/FOLLOW-UP	\$389.00
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	\$919.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$34.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90674	CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	\$112.00
99213	OUTPT ESTAB VST-LVL III	\$203.00
99385	PREV E & M NEW PT 18-39 YRS	\$387.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$353.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$383.00
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84

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.