



## CU Advanced Reproductive Medicine – Denver / Colorado Springs

CPT Code	Procedure Name	Fee
99204	LEVEL 4 OFFICE/OUTPATIENT NEW PATIENT	\$501.00
99213	LEVEL 3 OFFICE/OUTPATIENT ESTABLISHED PATIENT	\$267.00
99214	LEVEL 4 OFFICE/OUTPATIENT ESTABLISHED PATIENT	\$334.00
99215	LEVEL 5 OFFICE/OUTPATIENT ESTABLISHED PATIENT	\$459.00
36415	BLOOD DRAW	\$25.00
58322	ARTIFICIAL INSEMINATION; INTR-CERVICAL; INTRA-UTERINE	\$125.00
58340	CATHETERIZATION FOR HYSTEROSALPINGOGRAPHY	\$292.00
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME W/IMAGE DOCUMENTATION, TRANSVAGINAL	\$695.00
76830	ULTRASOUND, TRANSVAGINAL	\$805.00
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS) INCLUDING COLOR FLOW DOPPLER	\$579.00
76856	ULTRASOUND PELVIC (NONOBSTETRIC), REAL TIME W IMAGE DOCUMENTATION, COMPLETE	\$483.00
76857	ULTRASOUND PELVIC (NON-OBSTETRIC) REAL TIME W/IMAGE DOCUMENTATION, LIMITED OR FOLLOW-UP	\$291.00
82670	ESTRADIOL LAB TEST	\$87.00
84702	GONADOTROPIN CHORIONIC (hCG) QUANTITATIVE LAB TEST	\$115.00
96154	HEALTH/BEHAVIOR INTERVENTION EACH 15 MIN FACE-TO-FACE W/FAMILY, W/PATIENT PRESENT	\$95.00

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.