



CU Medicine Obstetrics and Gynecology East Denver – Denver, CO

Code	Description	Fee
58300	INSERT INTRAUTERINE DEVICE (58300)	\$ 423.00
59025	FETAL NON-STRESS TEST (59025)	\$ 245.00
76805	ULTRASOUND PREG UTERUS AFTER 1ST TRIMESTER SINGLE/1ST GESTATION	\$ 586.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$ 493.00
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDOM APPR P/FETUS	\$ 470.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL	\$ 405.00
76819	FETL BIOPHYS PROFIL W/O STRS	\$ 361.00
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
90715	TDAP VACCINE GT7 IM	\$ 176.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99385	PREV E & M NEW PT 18-39 YRS	\$ 392.00
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.