



## CU Medicine Urology South Denver – Highlands Ranch, CO

Code	Description	Fee
11J3490	TESTOPEL 75 MG PELLETT	\$ 110.00
51741	COMPLEX UROFLOWMETRY (EG CEE)	\$ 331.00
51798	MEASUREMENT POST-VOIDING RESIDUAL URINE &/OR BLADDER CAP BY ULTRASOUND NON-IMA	\$ 98.00
76872	ECHOGRAPHY TRANSRECTAL	\$ 781.00
81003	URINALYSIS AUTOMATED W/O MICROSCOPY	\$ 12.00
99203	OUTPAT NEW VST-LVL III	\$ 443.00
99204	OUTPAT NEW VST-LVL IV	\$ 659.00
99211	OUTPAT ESTAB VST-LVL I	\$ 94.00
99213	OUTPAT ESTAB VST-LVL III	\$ 360.00
99214	OUTPAT ESTAB VST-LVL IV	\$ 507.00
99215	OUTPAT ESTAB VST-LVL V	\$ 713.00
52310	CYSTOURETHROSCOPY SIMPLE W/REMOVAL FOREIGN BODY CALCULUS/URETERAL STENT	\$1,650.00
55700	BIOPSY PROSTATE NEEDLE/PUNCH SINGLE/MULTIPLE ANY APPROACH	\$1,261.00
96372	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION SUBCUT/INTRAMUSCULAR	\$ 127.00
S0189	TESTOSTERONE PELLETT, 75 MG	\$ 110.00

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.