



CU Medicine Obstetrics and Gynecology Parker – Parker, CO

Code	Procedure Name	Fee
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
76830	ECHOGRAPHY TRANSVAGINAL	\$ 506.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$ 356.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$ 388.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$ 34.00
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$ 359.00
58300	INSERT INTRAUTERINE DEVICE (58300)	\$ 442.00
1076998	REDUCED ULTRASONIC GUIDANCE; INTEROPERATIVE	\$ 325.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$ 493.00
58301	REMOVE INTRAUTERINE DEVICE (58301)	\$ 565.00
87210	SMEAR PRIMARY SOURCE W/INTERPRET WET MOUNT FOR INFECTIOUS AGENTS	\$ 24.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
99214	OUTPT ESTAB VST-LVEL IV	\$ 512.00
1300306	NO CHARGE/CONSULT/BUNDLED VISIT	\$ -

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.