



CU Medicine Gynecologic Oncology - Broomfield

Code	Procedure Name	Fee
99214	OUTPT ESTAB VST-LEVEL IV	\$ 307.20
99213	OUTPT ESTAB VST-LVL III	\$ 216.60
99215	OUTPT ESTAB VST-LVL V	\$ 428.40
99205	OUTPT NEW VST-LVL V	\$ 523.20
99204	OUTPT NEW VST-LVL IV	\$ 396.60
99212	OUTPT ESTAB VST-LVL II	\$ 135.00
58100	ENDOMETRIAL SAMPLING W-W/O ENDOCERVIAL SAMPLING W/O CERVICAL DILAT ANY METHOD	\$ 312.60
76830	ECHOGRAPHY TRANSVAGINAL	\$ 303.60
99203	OUTPT NEW VST-LVL III	\$ 265.80
99396	PREV E & M ESTAB PT 40-64 YRS	\$ 232.80
G2212	PROLONG SERVICES OUTPT/OFFICE ONLY, 15 MINS	\$ 78.00
99417	PROLNG OP E/M EACH 15 MIN	\$ 78.00
99443	TELEPHONE E/M ESTAB, PT, PARENT, GUARDIAN 21-30 MIN	\$ 307.80
99442	TELEPHONE E/M ESTAB, PT, PARENT, GUARDIAN 11-20 MIN	\$ 217.20
58300	INSERT INTRAUTERINE DEVICE	\$ 273.60

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.