

COLORADO SENATE BILL 17-065
Transparency in Direct Pay Healthcare Prices

DESCRIPTION	CPT CODE	COST
AMH	83516	\$153
Antisperm Antibodies	89325	\$117
Estradiol	82670	\$127
FSH	83001	\$127
Hepatitis B	87340	\$76
Hep B Core	86704	\$80
Hepatitis C	86803	\$133
HIV 1 – HIV 2 Plus	86703	\$70
LH – Blood	83002	\$127
Pregnancy Test – Blood Beta	84702	\$84
Progesterone	84144	\$127
RPR	86780	\$40
Pure Sperm Wash – Fresh Sample	89261	\$289
Semen Analysis	89322	\$127
Sperm Freeze Back-up With Wash	89259/89261	\$406
Gyn Visit/OB Visit	99203	\$169
Phone Consult	99204	\$326
Office Consult	99204	\$311
Regroup	99214	\$121
Hysteroscopy	58555	\$740
HSG	58340	\$1500
Insemination Only	58322	\$179
Echography/Preg. Uterus, Limited, B-Scan	76815	\$186
Echography, Pelvic Complete, Non-OB, B-Scan	76830	\$275
Echography, Pelvic complete, Non-OB, B-Scan, 3D	76376	\$132
Echography, Pelvic Repeat, Non-OB, B-Scan	76857	\$200
Echography for Cyst Aspiration	76942	\$200
Complete Doppler	93975	\$275
Limited Doppler	93976	\$275
CCRM Physician Surgery Fee		\$2,300
CCRM Surgery Center Facility Fee (Out-of-Network)		\$5,300

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided at this health care facility. If you are not covered by health insurance, you are strongly encouraged to contact our Patient Financial Services department at 303-781-1085 to discuss payment options prior to receiving a health care service from this health care facility since posted health care prices may not reflect the actual amount of your financial responsibility.