



Rocky Mountain Perinatology – Fort Collins, CO

Code	Procedure Name	Fee
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDMON APPR P/FETUS	\$ 470.00
76811	ULTRASOUND PREG UTERUS DETAILED FETAL ANATOMIC EXAM SINGLE/FIRST GESTATION	\$ 789.00
1300306	NO CHARGE/CONSULT/BUNDLED VISIT	
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
76819	FETL BIOPHYS PROFIL W/O STRS	\$ 361.00
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ARTERY	\$ 382.00
99202	OUTPT NEW VST-LVL II	\$ 302.00
97802	MEDICAL NUTRITION, INDIV, IN	\$ 187.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$ 209.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
76825	ECHOCARDIOGRAPHY FETAL CARDIOVAS SYSTEM REAL TIME W/IMAGE DOC W-W/O M-MODE REC	\$1,200.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$ 493.00
76827	DOPPLER ECHOCARDIOGRAPHY FETAL PULSED WAVE WITH SPECTRAL DISPLAY COMPLETE	\$ 543.00
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$ 359.00

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.