



UCHealth Emergency Room Aurora Central (Freestanding) - Aurora, CO

Code	Procedure Name	Fee
99284	EMERGENCY DEPT VISIT MOD MDM	\$ 473.00
99283	EMERGENCY DEPT VISIT LOW MDM	\$ 279.00
99285	EMERGENCY DEPT VISIT HI MDM	\$ 688.00
93010	ELECTROCARDIOGRAM;INTRPRT/RPRT	\$ 43.00
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$ 106.00
74177	CT ADBO & PELVIS WITH CONTRAST MATERIAL	\$1,352.00
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$ 138.00
99282	EMERGENCY DEPT VISIT SF MDM	\$ 171.00
70450	COMPUTED TOMOGRAPHY HEAD/BRAIN W/O CONTRAST MATERIAL (70450)	\$ 832.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$ 152.00
73130	X-RAY HAND MINIMUM 3 VIEWS	\$ 151.00
73630	X-RAY FOOT COMPLETE MIN 3 VIEW	\$ 142.00
99053	SVCS PROVIDED BETWEEN 10:00PM AND 8:00AM	\$ 371.00
73562	X-RAY KNEE 3 VIEWS	\$ 169.00
76705	ULTRASOUND ABDOMINAL REAL TIME W/IMAGE DOCUMENT LIMITED	\$ 393.00

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.