



Parker Perinatal Center – Parker, CO

Code	Procedure Name	Fee
76811	ULTRASOUND PREG UTERUS DETAILED FETAL ANATOMIC EXAM SINGLE/FIRST GESTATION	\$ 789.00
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDOM APPR P/FETUS	\$ 470.00
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ARTERY	\$ 382.00
97802	MEDICAL NUTRITION, INDIV, IN	\$ 187.00
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$ 209.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
76819	FETL BIOPHYS PROFIL W/O STRS	\$ 361.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
1300306	NO CHARGE/CONSULT/BUNDLED VISIT	\$ -
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
76801	ULTRASOUND PREGNANT UTERUS FIRST TRIMESTER SINGLE OR FIRST GESTATION	\$ 497.00
99202	OUTPT NEW VST-LVL II	\$ 302.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$ 493.00
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.