



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

Code	Procedure Name	Fee
99284	EMERGENCY DEPT VISIT MOD MDM	\$ 473.00
99285	EMERGENCY DEPT VISIT HI MDM	\$ 688.00
99283	EMERGENCY DEPT VISIT LOW MDM	\$ 279.00
93010	ELECTROCARDIOGRAM;INTRPRT/RPRT	\$ 43.00
74177	CT ADBO & PELVIS WITH CONTRAST MATERIAL	\$ 1,352.00
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$ 138.00
70450	COMPUTED TOMOGRAPHY HEAD/BRAIN W/O CONTRAST MATERIAL (70450)	\$ 832.00
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$ 106.00
99282	EMERGENCY DEPT VISIT SF MDM	\$ 171.00
73110	X-RAY WRIST COMPLETE MINIMUM 3 VIEWS	\$ 169.00
73130	X-RAY HAND MINIMUM 3 VIEWS	\$ 151.00
93971	DPLX SCAN/EXTREM VEINS INCL RSPNS TO COMPRESS F/U LIMITED	\$ 640.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$ 152.00
73030	X-RAY SHOULDER COMPLETE MINIMUM 2 VIEWS	\$ 142.00
73562	X-RAY KNEE 3 VIEWS	\$ 169.00

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.