



CU John C. Hobbins Perinatal Center – Denver, CO

Code	Description	Fee
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDOM APPR P/FETUS	\$470.00
76811	ULTRASOUND PREG UTERUS DETAILED FETAL ANATOMIC EXAM SINGLE/FIRST GESTATION	\$789.00
99203	OUTPT NEW VST-LVL III	\$443.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
76801	ULTRASOUND PREGNANT UTERUS FIRST TRIMESTER SINGLE OR FIRST GESTATION	\$497.00
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ARTERY	\$382.00
76819	FETL BIOPHYS PROFIL W/O STRS	\$361.00
99202	OUTPT NEW VST-LVL II	\$302.00
99212	OUTPT ESTAB VST-LVL II	\$225.00
96041	GENETIC COUNSELING SVC EA 30	\$255.00
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$209.00
99214	OUTPT ESTAB VST-LVEL IV	\$512.00

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.