



CU John C. Hobbins Perinatal Center – Denver, CO

Code	Description	Fee
1300306	NO CHARGE/CONSULT/BUNDLED VISIT	\$ -
76801	ULTRASOUND PREGNANT UTERUS FIRST TRIMESTER SINGLE OR FIRST GESTATION	\$ 497.00
76805	ULTRASOUND PREG UTERUS AFTER 1ST TRIMESTER SINGLE/1ST GESTATION	\$ 586.00
76811	ULTRASOUND PREG UTERUS DETAILED FETAL ANATOMIC EXAM SINGLE/FIRST GESTATION	\$ 789.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$ 493.00
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDOMON APPR P/F	\$ 470.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL	\$ 405.00
76819	FETL BIOPHYS PROFIL W/O STRS	\$ 361.00
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$ 209.00
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ARTERY	\$ 382.00
96040	MEDICAL GENETICS AND GENETIC COUNSELING EACH 30 MINS FACE TO FACE	\$ 240.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LEVEL IV	\$ 507.00

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.