



Children's Colorado Outpatient Care at Briargate - Colorado Springs, CO

Code	Procedure Name	Fee
73100	X-RAY WRIST 2 VIEWS	\$ 140.00
99215	OUTPT ESTAB VST-LVL V	\$ 714.00
70360	X-RAY NECK SOFT TISSUE	\$ 130.00
74018	RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$ 12.00
G0108	DIABETES OP SELF MANAGE INDIV PER 30 MIN	\$ 280.00
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING ETC MIN 72 HRS INTERPRET & REPORT	\$ 673.00
73070	X-RAY ELBOW 2 VIEWS	\$ 120.00
73090	X-RAY FOREARM 2 VIEWS	\$ 120.00
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	\$ 170.00
72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	\$ 290.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$ 152.00
77073	BONE LENGTH STUDIES	\$ 186.00
73590	X-RAY TIBIA & FIBULA 2 VIEWS	\$ 130.00
77072	BONE AGE STUDIES	\$ 107.00
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$ 138.00

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.