



CU PARKER PERINATAL CENTER - PARKER, CO

CPT Code	Procedure Name	Fee
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
76801	ULTRASOUND PREGNANT UTERUS FIRST TRIMESTER SINGLE OR FIRST GESTATION	\$450.00
76811	ULTRASOUND PREG UTERUS DETAILED FETAL ANATOMIC EXAM SINGLE/FIRST GESTATION	\$668.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$425.00
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDOMON APPR P/FETUS	\$400.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL	\$350.00
76819	FETL BIOPHYS PROFIL W/O STRS	\$320.00
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$200.00
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ARTERY	\$325.00
76825	ECHOCARDIOGRAPHY FETAL CARDIOVAS SYSTEM REAL TIME W/IMAGE DOC W-W/O M-MODE REC	\$1,000.00
99201	OUTPT NEW VST-LVL I	\$119.00
99202	OUTPT NEW VST-LVL II	\$203.00
99212	OUTPT ESTAB VST-LVL II	\$105.00
99213	OUTPT ESTAB VST-LVL III	\$180.00
99241	OUTPAT CONSULT-LVL I	\$110.00

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.