



CU SOUTHWEST PERINATAL CENTER - LITTLETON, CO

CPT Code	Procedure Name	Fee
76801	ULTRASOUND PREGNANT UTERUS FIRST TRIMESTER SINGLE OR FIRST GESTATION	\$ 450.00
76805	ULTRASOUND PREG UTERUS AFTER 1ST TRIMESTER SINGLE/1ST GESTATION	\$ 500.00
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
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$ 315.00
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
99201	OUTPT NEW VST-LVL I	\$ 119.00
99212	OUTPT ESTAB VST-LVL II	\$ 105.00
99213	OUTPT ESTAB VST-LVL III	\$ 180.00
99241	OUTPAT CONSULT-LVL I	\$ 110.00
99243	OUTPAT CONSULT-LVL III	\$ 300.00

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.