



Littleton Perinatal Center – Littleton, CO

| Code | Description | Fee |
|---------|--|-----------|
| 1300306 | NO CHARGE/CONSULT/BUNDLED VISIT | \$ - |
| 59000 | AMNIOCENTESIS DIAGNOSTIC | \$ 626.00 |
| 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 |
| 76815 | ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES | \$ 359.00 |
| 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 |
| 99203 | OUTPT NEW VST-LVL III | \$ 443.00 |
| 99204 | OUTPT NEW VST-LVL IV | \$ 659.00 |
| 99213 | OUTPT ESTAB VST-LVL III | \$ 360.00 |

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.