



UCHealth Emergency Room Aurora Central (Freestanding) - Aurora, CO

Code	Description	Fee
70450	COMPUTED TOMOGRAPHY HEAD/BRAIN W/O CONTRAST MATERIAL (70450)	\$ 832.00
71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$ 106.00
71046	RADIOLOGIC EXAM CHEST 2 VIEWS	\$ 138.00
73110	X-RAY WRIST COMPLETE MINIMUM 3 VIEWS	\$ 169.00
73610	X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS	\$ 152.00
73630	X-RAY FOOT COMPLETE MIN 3 VIEW	\$ 142.00
74176	CT ADBO & PELVIS WITHOUT CONTRAST MATERIAL	\$ 799.00
74177	CT ADBO & PELVIS WITH CONTRAST MATERIAL	\$1,352.00
76705	ULTRASOUND ABDOMINAL REAL TIME W/IMAGE DOCUMENT LIMITED	\$ 393.00
93971	DPLX SCAN/EXTREM VEINS INCL RSPNS TO COMPRESS F/U LIMITED	\$ 640.00
99281	EMERG VISIT-LVL I	\$ 89.00
99282	EMERG VISIT-LVL II	\$ 171.00
99283	EMERG VISIT-LVL III	\$ 279.00
99284	EMERG VISIT-LVL IV	\$ 473.00
99285	EMERG VISIT-LEVEL V	\$ 688.00

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.