



Patient Price Information List - Outreach Laboratory

In compliance with state law, UC Health is providing this price list containing our laboratory procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with a hospital financial

Effective July 1, 2018

DESCRIPTION	CPT	OUTREACH LAB	W/ SELF PAY DISCOUNT
B NATRIURETIC PEPTIDE	83880	\$ 162.00	\$ 97.00
BASIC METABOLIC PANEL	80048	\$ 35.00	\$ 21.00
BILIRUBIN - DIRECT	82248	\$ 19.00	\$ 11.00
C REACTIVE PROTEIN	86140	\$ 25.00	\$ 15.00
CA 27.29 (CANCER ANTIGEN)	86300	\$ 68.00	\$ 41.00
CA-125 (CANCER ANTIGEN)	86304	\$ 68.00	\$ 41.00
CALCIUM, SERUM	82310	\$ 25.00	\$ 15.00
BC W. DIFFERENTIAL - AUTOMATE	85025	\$ 37.00	\$ 22.00
EA (CARCINOEMBRYONIC ANTIGEN)	82378	\$ 90.00	\$ 54.00
CHOLESTEROL	82465	\$ 21.00	\$ 13.00
COMPREHENSIVE METABOLIC PANE	80053	\$ 50.00	\$ 30.00
CREATININE, URINE	82570	\$ 25.00	\$ 15.00
CULTURE, URINE	87086	\$ 39.00	\$ 23.00
GLUCOSE, SERUM	82947	\$ 19.00	\$ 11.00
GLYCOHEMOGLOGIN (HGB A1C)	83036	\$ 46.00	\$ 28.00

HCG QUAL SERUM	84703	\$	36.00	\$	22.00
HDL CHOLESTEROL	83718	\$	39.00	\$	23.00
HEPATIC FUNCTION PANEL	80076	\$	30.00	\$	18.00
IRON	83540	\$	31.00	\$	19.00
KIDNEY STONE (RENAL CALCULI)	82365	\$	61.00	\$	37.00
LDH - TOTAL	83615	\$	29.00	\$	17.00
LDL CHOL	83721	\$	46.00	\$	28.00
LIPID PROFILE	80061	\$	61.00	\$	37.00
MAGNESIUM, SERUM	83735	\$	28.00	\$	17.00
PHLEBOTOMY	36415	\$	11.00	\$	7.00
PHOSPHORUS, SERUM	84100	\$	23.00	\$	14.00
POTASSIUM, SERUM	84132	\$	22.00	\$	13.00
PROSTATIC SPECIFIC ANTIGEN	84153	\$	88.00	\$	53.00
PROTEIN URINE TOTAL	84156	\$	18.00	\$	11.00
PROTEIN, SERUM	84155	\$	18.00	\$	11.00
PROTHROMBIN TIME	85610	\$	19.00	\$	11.00
RENAL FUNCTION PANEL	80069	\$	41.00	\$	25.00
SGOT (AST)	84450	\$	25.00	\$	15.00
SGPT (ALT)	84460	\$	25.00	\$	15.00
SODIUM, SERUM	84295	\$	23.00	\$	14.00
TRIGLYCERIDE	84478	\$	27.00	\$	16.00
TROPONIN I	84484	\$	47.00	\$	28.00
TSH (THYROID STIMULATING HORMONE)	84443	\$	80.00	\$	48.00
UREA NITROGEN - QUANT (BUN)	84520	\$	19.00	\$	11.00
URIC ACID	84550	\$	22.00	\$	13.00
URINALYSIS W/O MICROSCOPIC	81003	\$	11.00	\$	7.00
URINALYSIS W/ MICROSCOPIC	81001	\$	11.00	\$	7.00
VITAMIN D 25 HYDROXY (CAL)	82306	\$	141.00	\$	85.00