



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 counselor to determine if they qualify for discounts.

Effective July 1, 2024

DESCRIPTION	CPT	OUTREACH LAB		W/ SELF PAY DISCOUNT
PHLEBOTOMY	36415	10.00	\$	6.00
VITAMIN D 25 HYDROXY (CAL	82306	131.00	\$	78.60
KIDNEY STONE (RENAL CALCULI)	82365	57.00	\$	34.20
CREATININE, URINE	82570	23.00	\$	13.80
LDL CHOL	83721	43.00	\$	25.80
URINALYSIS W/ MICROSCOPIC	81001	36.00	\$	21.60
BASIC METABOLIC PANEL	80048	36.00	\$	21.60
COMPREHENSIVE METABOLIC PANEL	80053	52.00	\$	31.20
LIPID PROFILE	80061	63.00	\$	37.80
RENAL FUNCTION PANEL	80069	42.00	\$	25.20
HEPATIC FUNCTION PANEL	80076	31.00	\$	18.60
BILIRUBIN - DIRECT	82248	18.00	\$	10.80
CALCIUM, SERUM	82310	23.00	\$	13.80
CEA (CARCINOEMBRYONIC ANTIGEN)	82378	84.00	\$	50.40
CHOLESTEROL	82465	20.00	\$	12.00

GLUCOSE, SERUM	82947	18.00	\$	10.80
GLYCOHEMOGLOGIN (HGB A1C)	83036	43.00	\$	25.80
IRON	83540	29.00	\$	17.40
LDH - TOTAL	83615	27.00	\$	16.20
HDL CHOLESTEROL	83718	36.00	\$	21.60
MAGNESIUM, SERUM	83735	26.00	\$	15.60
B NATRIURETIC PEPTIDE	83880	151.00	\$	90.60
PHOSPHORUS, SERUM	84100	22.00	\$	13.20
POTASSIUM, SERUM	84132	21.00	\$	12.60
PROSTATIC SPECIFIC ANTIGEN	84153	82.00	\$	49.20
PROTEIN, SERUM	84155	17.00	\$	10.20
PROTEIN URINE TOTAL	84156	17.00	\$	10.20
SODIUM, SERUM	84295	22.00	\$	13.20
TSH (THYROID STIMULATING HORMONE)	84443	75.00	\$	45.00
SGOT (AST)	84450	23.00	\$	13.80
SGPT (ALT)	84460	23.00	\$	13.80
TRIGLYCERIDE	84478	25.00	\$	15.00
TROPONIN I	84484	44.00	\$	26.40
UREA NITROGEN - QUANT (BUN)	84520	18.00	\$	10.80
URIC ACID	84550	21.00	\$	12.60
HCG QUAL SERUM	84703	33.00	\$	19.80
C REACTIVE PROTEIN	86140	48.00	\$	28.80
CA 27.29 (CANCER ANTIGEN)	86300	68.00	\$	40.80
CA-125 (CANCER ANTIGEN)	86304	68.00	\$	40.80
CBC W. DIFFERENTIAL - AUTOMATED	85025	37.00	\$	22.20
PROTHROMBIN TIME	85610	19.00	\$	11.40
CULTURE, URINE	87086	40.00	\$	24.00
URINALYSIS W/O MICROSCOPIC	81003	11.00	\$	6.60