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, 2021

DESCRIPTION	CPT	OUTREACH LAB	W/ SELF PAY DISCOUNT
COVID-19 NON-STAT HIGH	U0003	300.00	$ 180.00
COVID-19 STAT HIGH	U0004	300.00	$ 180.00
B NATRIURETIC PEPTIDE	83880	162.00	$ 97.20
BASIC METABOLIC PANEL	80048	35.00	$ 21.00
BILIRUBIN - DIRECT	82248	19.00	$ 11.40
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
CALCIUM, SERUM	82310	25.00	$ 15.00
CBC W. DIFFERENTIAL - AUTOMATED	85025	37.00	$ 22.20
CEA (CARCINOEMBRYONIC ANTIGEN)	82378	90.00	$ 54.00
CHOLESTEROL	82465	21.00	$ 12.60
COMPREHENSIVE METABOLIC PANEL	80053	50.00	$ 30.00
CREATININE, URINE	82570	25.00	$ 15.00

CULTURE,URINE	87086	39.00	$	23.40
GLUCOSE, SERUM	82947	19.00	$	11.40
GLYCOHEMOGLOGIN (HGB A1C)	83036	46.00	$	27.60
HCG QUAL SERUM	84703	36.00	$	21.60
HDL CHOLESTEROL	83718	39.00	$	23.40
HEPATIC FUNCTION PANEL	80076	30.00	$	18.00
IRON	83540	31.00	$	18.60
KIDNEY STONE (RENAL CALCULI)	82365	61.00	$	36.60
LDH - TOTAL	83615	29.00	$	17.40
LDL CHOL	83721	46.00	$	27.60
LIPID PROFILE	80061	61.00	$	36.60
MAGNESIUM, SERUM	83735	28.00	$	16.80
PHLEBOTOMY	36415	11.00	$	6.60
PHOSPHORUS, SERUM	84100	23.00	$	13.80
POTASSIUM, SERUM	84132	22.00	$	13.20
PROSTATIC SPECIFIC ANTIGEN	84153	88.00	$	52.80
PROTEIN URINE TOTAL	84156	18.00	$	10.80
PROTEIN, SERUM	84155	18.00	$	10.80
PROTHROMBIN TIME	85610	19.00	$	11.40
RENAL FUNCTION PANEL	80069	41.00	$	24.60
SGOT (AST)	84450	25.00	$	15.00
SGPT (ALT)	84460	25.00	$	15.00
SODIUM, SERUM	84295	23.00	$	13.80
TRIGLYCERIDE	84478	27.00	$	16.20
TROPONIN I	84484	47.00	$	28.20
TSH (THYROID STIMULATING HORMONE)	84443	80.00	$	48.00
UREA NITROGEN - QUANT (BUN)	84520	19.00	$	11.40
URIC ACID	84550	22.00	$	13.20
URINALYSIS W/O MICROSCOPIC	81003	11.00	$	6.60
URINALYSIS W/ MICROSCOPIC	81001	35.00	$	21.00
VITAMIN D 25 HYDROXY (CAL	82306	141.00	$	84.60