



UC Health Outreach Laboratory Patient Price Information List

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, 2022

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