

Lab

Lab Services (Primary Care & Walk-In Clinic)

Service	Billing (CPT) Code**	The Everett Clinic Self Pay Fee	Prompt Pay Incentive 15%
*Lipid Panel	80061	\$41.00	\$34.85
*Comp Metabolic Panel	80053	\$22.25	\$18.92
*Complete Blood Count (CBC)	85025	\$17.50	\$14.88
*Thyroid Stimulating Hormone (TSH)	84443	\$37.50	\$31.88
*Influenza Test by PCR (Type A & B)	87502	\$201.25	\$171.07
*Strep A Assay	87651	\$78.50	\$66.73
Urine Pregnancy Test	81025	\$18.25	\$15.52
Urinalysis	81000 - 81001	\$7.25 - \$8.50	\$6.17 - \$7.23
Urine Culture	87086	\$18.25	\$15.52
*Basic Metabolic Panel (BMP)	80048	\$18.00	\$15.30
*Hemoglobin A1C	83036	\$21.75	\$18.49
*Hepatic Function (Liver) Panel	80076	\$17.25	\$14.67
*PSA (Prostate Specific Antigen)	84153	\$41.25	\$35.07
*Prothrombin Time (Prottime or PT)	85610	\$9.25	\$7.87
*Iron Profile (Iron Assay & Transferrin)	83540 & 84466	\$43.00	\$36.55
*Assay of Vitamin B12	82607	\$33.75	\$28.69

*Vitamin D	82306	\$66.25	\$56.32
*CHG IAAD IA HIV-1 AG W/HIV-1 & HIV-2 Antibody Single	87389	\$54.00	\$45.90
*Hepatitis C Antibody and CHG Hepatitis C, RNA Quant	86803 & 87522	\$127.75	\$108.59
Venipuncture Blood Collection	36415	\$7.25	\$6.17

*Venipuncture Blood Collection billed separately, 1X per draw.

Confidential Lab Services

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UPRG/UCG	81025	\$18.25	\$15.52
UMACA/Automated Urine Macroscopic w/reflex	81003 **If microscopic is added billing code changes to full urinalysis 81001 ***If culture added 87086 (add'l charges can occur if culture is positive)	\$5.25, \$7.25, \$18.25	\$4.46, **\$6.16, ***\$15.51
WTSMR/Wet Smear (performed together)	87210, 87905, 87808	\$12.25, \$27.50, \$32.25	\$10.41, \$23.38, \$27.41
GONOR/GC Probe, CHLAM/Chlamydia Probe (performed together)	87591, 87491	\$78.50, \$78.50	\$66.73, \$66.73
HSVZV/Culture Herpes (in-house) **Herpes Simplex DNA 1&2 by NAAT	87252	\$58.25, **\$45.25 x2	\$49.51, **\$38.46 x2

	**If culture is positive add'l testing is done 87253 x2		
*HSV/Herpes Simplex 1&2 IgG Antibodies (performed together)	86695, 86696	\$29.50, \$43.25	\$25.08, \$36.76
HCCQL/HCG Qualitative	84703	\$17.00	\$14.45
HCGQ/HCG Quantitative	84702	\$33.75	\$28.69
*HIV/HIV-1/HIV-2, Ab/Ag 4th Generation	87389	\$54.00	\$45.90
*TREP/Treponema	86780	\$29.75	\$25.29
*HBSAB/Hepatitis B Surface Antigen	87340	\$23.25	\$19.76
*HBSAB/Hepatitis B Surface Antibody	86706	\$24.00	\$20.40
*HCVAB/Hepatitis C Antibody	86803	\$32.00	\$27.20

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Disclaimer: While The Everett Clinic strives to give you accurate information regarding prices and estimated costs, several factors may affect pricing, including, but not limited to: (1) Time of selection: Prices are subject to change at any time. (2) Additional expenses: Beyond what's defined, some laboratory and professional fees, such as physician, radiologist, anesthesiologist and pathologist, may not be included in this estimate. (3) Additional services: Your health condition may require additional time with the same practitioner, specialist or a different condition than scheduled.