

Services for Which There is No fee at NUHS Evanston or Chicago

<u>CPT Code</u>	<u>Service Description</u>	<u>Price</u>
85045	Automated reticulocyte count	\$0
85027	Complete cbc automated	\$0
85025	Complete cbc w/ auto diff wbc	\$0
87077	Culture aerobic identify	\$0
87070	Culture bacteria other	\$0
87081	Culture screen only	\$0
90471	Immunization admin (Note: this charge is stric	\$0
90472	Immunization admin each add (Note: this cha	\$0
87186	Microbe susceptible mic	\$0
99241	Office consultation	\$0
99242	Office consultation	\$0
99243	Office consultation	\$0
99244	Office consultation	\$0
99245	Office consultation	\$0
99211	Office/outpatient visit est	\$0
99212	Office/outpatient visit est	\$0
99213	Office/outpatient visit est	\$0
99214	Office/outpatient visit est	\$0
99215	Office/outpatient visit est	\$0
99201	Office/outpatient visit new	\$0
99202	Office/outpatient visit new	\$0
99203	Office/outpatient visit new	\$0
99204	Office/outpatient visit new	\$0
99205	Office/outpatient visit new	\$0
99385	Prev visit new age 18-39	\$0
85651	Rbc sed rate nonautomated	\$0
36415	Routine venipuncture	\$0
87205	Smear gram stain	\$0
87207	Smear special stain	\$0
87210	Smear wet mount saline/ink	\$0
86580	TB Intradermal test	\$0
96372	Ther/proph/diag Inj sc/lm	\$0
87220	Tissue exam for fungi	\$0
81001	Urinalysis auto w/ scope	\$0
81003	Urinalysis auto w/o scope	\$0
81000	Urinalysis nonauto w/scope	\$0
87088	Urine bacteria culture	\$0
87086	Urine culture/colony count	\$0

Top 20 Lab Tests (by volume) Fee for Service Charges for Evanston and Chicago

Rates paid vary by insurance plan and employer insurance plan coverage, however they do fall within a range for most large commercial payers.

<u>CPT Code</u>	<u>Service Description</u>	<u>NUHS Chicago (NM) Approximate List Price</u>	<u>NUHS Chicago - Aetna Student Health Discounted Price (no cost to covered student on SHIP)</u>	<u>NUHS Evanston List Price</u>	<u>NUHS Evanston - Aetna Student Health Price (no cost to covered student on SHIP)</u>
86038	ANA SCREEN WITH REFLEX TO TITER/PATTERN/CASCADE	\$173.00	\$62.71	\$425.00	\$425.00
87491, 87591	CHLAMYDIA/GC	\$146.46	\$53.09	\$61.00	\$61.00
80053	COMPREHENSIVE METABOLIC PANEL	\$272.00	\$98.60	\$34.00	\$34.00
80053	COMPREHENSIVE METABOLIC PANEL w DBILI REFLEX	\$272.00	\$98.60	\$34.00	\$34.00
86664, 86665	EBV PANEL	\$62.58	\$22.69	\$59.00	\$59.00
82728	FERRITIN	\$122.00	\$44.23	\$40.00	\$40.00
87491, 87591	GC/Chlamydia RECTAL	\$146.46	\$53.09	\$61.00	\$61.00
87491, 87591	GC/Chlamydia THROAT	\$146.46	\$53.09	\$61.00	\$61.00
83036	HEMOGLOBIN A1C	\$131.00	\$47.49	\$42.00	\$42.00
86706	HEP B SURFACE AB	\$139.00	\$50.39	\$56.00	\$56.00
87389	HIV 1/2 AG AND AB 4TH GENERATION (87389)	\$37.00	\$13.41	\$59.00	\$59.00
86710	Influenza A+B	\$53.00	\$19.21	\$30.00	\$30.00
83540, 83550, 82728	IRON, TIBC, FERRITIN PANEL	\$122.00	\$44.23	\$45.00	\$45.00
86765, 86735, 86762	MMR Panel	\$52.59	\$19.06	\$56.00	\$56.00
86308	Mono Test	\$139.00	\$50.39	\$0.00	\$0.00
86480	QUANTIFERON	\$191.73	\$69.50	\$45.00	\$45.00
86480	QUANTIFERON TB GOLD PLUS	\$191.73	\$69.50	\$45.00	\$45.00
87880	Rapid Strep w/Reflex	\$171.00	\$61.99	\$25.00	\$25.00
86592	RPR	\$85.50	\$30.99	\$22.00	\$22.00
85651	Sed Rate	\$70.00	\$25.38	\$0.00	\$0.00
85660	SICKLE CELL SCREEN	\$87.00	\$31.54	\$38.00	\$38.00
84443	TSH	\$204.00	\$73.95	\$38.00	\$38.00
84443	TSH with REFLEX FREE T4	\$204.00	\$73.95	\$38.00	\$38.00
81025	UCG	\$122.00	\$44.23	\$13.00	\$13.00
82306	VIT D 25OH TOTAL IMMUNOASSAY	\$141.00	\$51.11	\$52.00	\$52.00
82607, 82746	VITAMIN B12/FOLATE PANEL	\$138.62	\$50.25	\$47.00	\$47.00

The prices, discounts, charges and coverage listed were provided on 2/25/2020. As such they are estimated averages which are provided as a snapshot for comparative purposes only. Given the dynamics of the marketplace and the fluidity of the environment, NUHS, NU SHIP (Aetna Student Health), and Northwestern Medicine cannot guarantee the accuracy of a listed element with the actual a charge in any specific care event.