

# St. Joseph's/ Candler Outreach Laboratory

*For unlisted items, contact Client Services at (912) 819- 8440. Option 3*

Test Name	Lab CDM	CPT Code	List Price
Amylase	70100078	82150	\$160.00
ANA (Antinuclear Antibody)	70115987	86039	\$214.00
Basic Metabolic Panel (BMP)	70100003	80048	\$44.00
Bilirubin: Direct	70102702	82248	\$136.00
Bilirubin: Total	70100027	82247	\$165.00
Blood Type/ Screen (3 tests) -ABO / Group -Antibody Screen	70106100 / 70106101 70109700	86900 / 86901 86850	\$44.00 / \$45.00 \$152.00
BNP- Pro B Type	70110406	83880	\$654.00
C- Reactive Protein	70100355	86140	\$191.00
CBC (Platelets w/o Diff)	70100071	85027	\$38.00
CBC (W/ Diff and Platelets)	70109753	85025	\$47.00
CEA (Carcinoembryonic Antigen)	70100414	82378	\$301.00
Comprehensive Profile (CMP)	70100002	80053	\$61.00
COVID/ Flu/ RSV	70116774	87637	\$430.00
CT/ GC (Urine, PAP, Swab)	70107614 / 70107613	87491 / 87591	\$52.00 / \$52.00
Ferritin	70100435	82728	\$201.00
Folate	70100479	82746	\$238.00
FSH	70100236	83001	\$235.00
Glycohemoglobin (Hgb A1c)	70100038	83036	\$58.00
H. Pylori Breath Test	70100059	83013	\$581.00
HCG, Quantitative	70100469	84702	\$57.00
Hepatitis A Total Antibody	70104156	86708	\$416.00
Hepatitis A,B,C Panel	70109881	80074	\$843.00
Hepatitis B Surface Antibody	70104163	86317	\$69.00
Hepatitis B Surface Antigen	70100164	87340	\$220.00
HIV	70109790	87389	\$80.00
Iron	70100263	83540	\$143.00
Iron Binding (TIBC)	70100265	83550	\$165.00
Lipase	70100076	83690	\$189.00
Lipid Panel	70100225	80061	\$63.00
Luteinizing Hormone	70100211	83002	\$247.00
Prolactin	70100266	84146	\$284.00
PSA	70109999	84153	\$106.00
PT	70100041	85610	\$113.00
PTT	70100042	85730	\$156.00
Respiratory Panel	70116240	87633	\$539.00
Syphilis Antibody / FTA (ABS)	70104138	86780	\$203.00
T3, Free	70109825	84481	\$263.00
T4	70100402	74436	\$119.00
T4, Free	70104304	84439	\$253.00
TSH	70100404	84443	\$99.00
Urinalysis	70100017	81001	\$30.00
Urine Culture	70100011	87086	\$56.00
Culture Urine ID	70108503	87088	\$42.00
MIC Susceptibility Ea Microbe	70101052	87186	\$65.00
Venipuncture (Blood Draw Fee)	70109601	36415	\$27.00
Vitamin B-12 Level	70100480	82607	\$180.00
Vitamin D 25 Level	70104342	82306	\$238.00
Additional testing/ charges may be added based on the laboratory findings.			
For patients with no insurance, our self pay discount is approximately 70%.			