

Laboratory Pricing

CPT Code	Description	Sparrow Price	Medicare reimbursement	Medicaid reimbursement	Avg. Commercial Healthplan reimbursement	Avg. Uninsured Reimbursement
80048	Basic Metabolic Panel	\$46.25	\$11.54	\$6.16	\$29.60	\$13.27
80053	Comprehensive Metabolic Panel	\$62.75	\$14.20	\$7.58	\$40.16	\$16.33
80061	Lipid Panel	\$55.00	\$17.44	\$9.31	\$35.20	\$20.06
81001	Urinalysis W/ Scope Analysis	\$23.50	\$4.32	\$2.31	\$15.04	\$4.97
82306	Vitamin D 25 Hydroxy	\$86.50	\$40.40	\$21.57	\$55.36	\$46.46
83036	Glycosylated hemoglobin Test	\$38.25	\$13.24	\$7.07	\$24.48	\$15.23
83735	Magnesium	\$25.00	\$9.14	\$4.88	\$16.00	\$10.51
84439	Assay of Free Thyroxine	\$36.75	\$12.30	\$6.57	\$23.52	\$14.15
84443	Thyroid Stimulating Hormone (TSH)	\$66.50	\$22.93	\$12.24	\$42.56	\$26.37
84484	Troponin	\$45.50	\$13.42	\$7.17	\$29.12	\$15.43
85025	Complete Blood Count with Automated	\$33.25	\$10.60	\$5.66	\$21.28	\$12.19
85027	Complete Blood Count without Differential	\$25.00	\$6.34	\$3.39	\$16.00	\$7.29
85610	Prothrombin Time	\$20.25	\$5.37	\$2.87	\$12.96	\$6.18
85730	Partial Thromboplastin Time	\$30.00	\$8.19	\$4.37	\$19.20	\$9.42
86003	Allergen Specific IGE	\$21.50	\$7.12	\$3.80	\$13.76	\$8.19
86140	C-Reactive Protein	\$33.25	\$7.06	\$3.77	\$21.28	\$8.12

86900	ABO Blood Typing	\$40.50	\$12.46	\$6.65	\$25.92	\$14.33
87077	Culture Aerobic Bacteria	\$33.25	\$11.03	\$5.89	\$21.28	\$12.68
87086	Urine Culture	\$41.50	\$11.01	\$5.88	\$26.56	\$12.66
88305	Tissue Exam By Pathologist	\$146.25	\$37.55	\$20.05	\$93.60	\$43.18