

## Costs of Most Common Family Planning Laboratory Services - Transparency in Health Care Prices Act

Community health centers offer service to all individuals regardless of insurance status or ability to pay. Patients in households with incomes below 200% of the Federal Poverty Level (FPL) receive discounts on a sliding fee scale. Patients with incomes less than 100% FPL pay a nominal fee.

Below are some of the most common services provided. The costs below represent the cost of services for self-pay patients and do not take into account any coverage from Medicaid, Medicare, or private health insurance. Contact us if you would like help enrolling in health insurance coverage.

Current Procedural Terminology (CPT) Code	Service Description	Self-Pay Costs								
		Income Below 100% FPL	Income 101-129% FPL	Income 130-142% FPL	Income 143-156% FPL	Income 157-170% FPL	Income 171-185% FPL	Income 186-199% FPL	Income 200% FPL	Income Above 200% FPL
	CHLAMYDIA TEST AMPLIFIED,									
87491	SUREPATH, OR SWAB	\$ -	\$ 2.25	\$ 4.50	\$ 6.45	\$ 8.55	\$ 10.65	\$ 12.90	\$ 15.00	\$ 15.00
87491-1	CT AMPLIFIED URINE	\$ -	\$ 2.25	\$ 4.50	\$ 6.45	\$ 8.55	\$ 10.65	\$ 12.90	\$ 15.00	\$ 15.00
87491-3	CHLAMYDIA & GONORRHEA	\$ -	\$ 3.60	\$ 7.20	\$ 10.32	\$ 13.68	\$ 17.04	\$ 20.64	\$ 24.00	\$ 24.00
	GONORRHEA AMPLIFIED, SUREPATH,									
87591	URINE, SWAB	\$ -	\$ 2.25	\$ 4.50	\$ 6.45	\$ 8.55	\$ 10.65	\$ 12.90	\$ 15.00	\$ 15.00
84702	PREGNANCY TEST, BLOOD	\$ -	\$ 0.90	\$ 1.80	\$ 2.58	\$ 3.42	\$ 4.26	\$ 5.16	\$ 6.00	\$ 6.00
86704	HEPATITIS B ANTIBODY	\$ -	\$ 1.20	\$ 2.40	\$ 3.44	\$ 4.56	\$ 5.68	\$ 6.88	\$ 8.00	\$ 8.00
87517	HEPATITIS B, PCR	\$ -	\$ 23.70	\$ 47.40	\$ 67.94	\$ 90.06	\$ 112.18	\$ 135.88	\$ 158.00	\$ 158.00
86803	HEPATITIS C ANTIBODY	\$ -	\$ 1.35	\$ 2.70	\$ 3.87	\$ 5.13	\$ 6.39	\$ 7.74	\$ 9.00	\$ 9.00
86695	HERPES SIMPLEX TYPE 1& 2	\$ -	\$ 8.10	\$ 16.20	\$ 23.22	\$ 30.78	\$ 38.34	\$ 46.44	\$ 54.00	\$ 54.00
87389	HIV AB/AG	\$ -	\$ 1.50	\$ 3.00	\$ 4.30	\$ 5.70	\$ 7.10	\$ 8.60	\$ 10.00	\$ 10.00
88175	THINPREP PAP, SUREPATH IMAGED	\$ -	\$ 9.00	\$ 18.00	\$ 25.80	\$ 34.20	\$ 42.60	\$ 51.60	\$ 60.00	\$ 60.00
	HPV REFLEX IF ASC-US/LSIL (ALL AGES)									
88175	INCLUDED W/ PAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
87529	HSV, DNA, AMP PROBE	\$ -	\$ 25.20	\$ 50.40	\$ 72.24	\$ 95.76	\$ 119.28	\$ 144.48	\$ 168.00	\$ 168.00
	Human Papillomavirus (HPV), high-risk									
87624	types (dependant on reflex)	\$ -	\$ 16.95	\$ 33.90	\$ 48.59	\$ 64.41	\$ 80.23	\$ 97.18	\$ 113.00	\$ 113.00
81025	PREGNANCY TEST, URINE	\$ -	\$ 0.90	\$ 1.80	\$ 2.58	\$ 3.42	\$ 4.26	\$ 5.16	\$ 6.00	\$ 6.00
86592	SYPHILIS BLOOD SEROLOGY	\$ -	\$ 0.45	\$ 0.90	\$ 1.29	\$ 1.71	\$ 2.13	\$ 2.58	\$ 3.00	\$ 3.00
	TRICHOMONAS SWAB AMP, URINE, VAG									
87661	SWAB	\$ -	\$ 6.75	\$ 13.50	\$ 19.35	\$ 25.65	\$ 31.95	\$ 38.70	\$ 45.00	\$ 45.00
81003	URINALYSIS ROUTINE	\$ -	\$ 0.60	\$ 1.20	\$ 1.72	\$ 2.28	\$ 2.84	\$ 3.44	\$ 4.00	\$ 4.00
87210	WET PREP	\$ -	\$ 2.25	\$ 4.50	\$ 6.45	\$ 8.55	\$ 10.65	\$ 12.90	\$ 15.00	\$ 15.00

We can help you determine whether you qualify for sliding fee scale discounts or if you are eligible for health care coverage to help cover the cost of care.

This document will be updated annually by [Billing Manager](#) and will be displayed on the [Caring Hands Healthcare Centers](#) website.

Please contact [918-426-2442](tel:918-426-2442) and [reception@chhcok.com](mailto:reception@chhcok.com) with any questions.