

## Cost of Services

There are separate charges for all itemized services rendered during your health care visit at University Health Services. Below are common charges for **uninsured** students and students **with insurance that Healthyhorns cannot file claims to**. (If you are insured, you will be subject to your insurance member benefits and the following charge information would not apply to you. For those that are insured please call the member services phone number listed on your insurance card for your member benefits.)

*This is only a basic list of common charges, **this is not comprehensive**, if you have additional questions on additional services recommended by your provider, not found on this list, please contact the UHS Billing/Insurance department: by phone at 512.475.8394, option 2; by email: [healthyhorns\\_billing@utlists.utexas.edu](mailto:healthyhorns_billing@utlists.utexas.edu), OR in your Healthyhorns portal – under messages select “I want to send a message to the Billing department.” Medication and supply costs are not included on this list.*

Office visits (Students only)		Charge
Nurse visit		\$10.00
General Medicine, Sports Medicine, Gynecology, Urgent Care, A/I/T (visit with MD/DO/NP/PA)		\$10.00
Annual examination (Primary Care or Gynecology)		\$72.00-\$102.00 (cost dependent on age, new/est.)
Travel Counseling		\$35.00
Study Abroad Clearance		\$30.00
Sports, Employment/Volunteer Clearance		\$30.00
Peace Corp and/or Antarctica Clearance		\$100.00
Laboratory Service	CPT Code	Charge
Chlamydia and Gonorrhea testing	87491, 87591	\$32.00 (per sample site)
Complete Blood Count	85025	\$12.00
Comprehensive Metabolic Panel	80053	\$16.00
COVID-19 2.0, molecular testing	87635	\$0.00 (subsidized by UT)
Hemoglobin, A1C	83036	\$15.00
HIV Testing (HIV-1 and HIV-2 AB)	87389	\$36.00
Influenza A & B, molecular testing	87502	\$114.96
Lipid Panel	80061	\$20.00
Mono Test	86308	\$8.00
Pap smear (pathology interpretation)	88175	\$40.00
QuantiFERON TB test	86480	\$92.00
RPR, Qualitative (Syphilis testing)	86592	\$6.40
Strep A, molecular testing	87651	\$42.11
TB, PPD Skin Test	86580	\$10.40
Throat culture	87070	\$13.00
Thyroid Stimulating Hormone	84443	\$26.00
Urinalysis	81003	\$4.00
Urine culture	87086	\$12.00
Urine Pregnancy Test	81025	\$10.40
Vaginal Wet Prep & Interpretation	87210	\$7.20
Vaginal Pathogen DNA Panel	87480, 87510, 87660	\$93.00
Vitamin D Assay	82306	\$44.00
Antibody Testing/Titers	CPT Code	Charge
MMR Immunity Profile		
Measles IgG Antibodies	86735	\$20.00
Mumps IgG Antibodies	86762	\$22.00

Rubella IgG Antibodies	86765	\$19.20
Varicella-Zoster Antibodies	86787	\$19.20
Hepatitis B Surface Antibody	86706	\$16.00
<b>Procedures</b>	<b>CPT Code</b>	<b>Charge</b>
Destruction, Anal lesion(s)	46916	\$296.80 ( <i>cryosurgery, simple</i> )
Destruction, Penile lesion(s)/warts	54056	\$175.20 ( <i>cryosurgery, simple</i> )
Destruction, Vulvar lesions/warts	56501	\$177.60
Ear Irrigation	69209	\$18.00 (per ear)
EKG	93000	\$21.60
Excision of nail and nail matrix	11750	\$192.00
Foreign body removal	10120-10121, 28190, 65205, 65222, or 69200	\$57.60-\$336.00 (cost dependent on location and if incision is required)
Incision & Drainage, Abscess/Cyst	10060	\$146.40
Incision & Drainage, Pilonidal Cyst	10080	\$228.00
IUD Insertion	58300	\$98.40 (cost of IUD not included)
Laceration Repair	12001-12042	\$110.40-\$375.20 (cost dependent on location and size of laceration)
Nebulizer Treatment	94640	\$23.20
Nexplanon Insertion	11981	\$175.20 (cost of Nexplanon not included)
Shave Removal of Lesion	11300-11311	\$121.60-\$168.00 (cost dependent on location and lesion size, cost of biopsy pathology not included)
Spirometry	94010	\$10.40
Wart removal or Destruction of 1-14 lesions/warts	17110	\$136.80 (per session)
Wart removal or Destruction of 15 or more lesions/warts	17111	\$161.60 (per session)
<b>Immunizations</b>	<b>CPT Code</b>	<b>Charge</b>
COVID-19 Vaccine (Moderna 23-24 SpikeVax)**	91322	\$138.00
Hepatitis A and B Vaccine, Twinrix (3-dose series)*	90636	\$72.80 each
Hepatitis A Vaccine, Havrix (2-dose series)*	90632	\$37.60 each
Hepatitis B Vaccine, Engerix-B (3-dose series)*	90746	\$40.80 each
Hepatitis B Vaccine, Heplisav B (2-dose series)*	90739	\$137.60 each
HPV Vaccine, Gardasil 9 (3-dose series)*	90651	\$209.60 each
Influenza Vaccine	90686	\$10.00 (INCLUDES administration)
Japanese Encephalitis Vaccine*	90738	\$264.80
MenQuadfi Vaccine; (Meningococcal A, C, Y, W conjugate)*	90619	\$141.00
Mumps-Measles-Rubella Vaccine*	90707	\$65.60
Poliomyelitis (IPV) Vaccine*	90713	\$28.00
Prevnar 20 (Pneumococcal 20-valent conjugate) Vaccine*	90677	\$252.00
Rabies Vaccine (4-dose series)*	90675	\$272.00 each

Tetanus, diphtheria, and pertussis (TDAP) Vaccine	90715	\$32.80
Typhoid Vaccine	90691	\$60.80
Varicella Vaccine (2-dose series)*	90716	\$112.80 each
Yellow Fever Vaccine	90717	\$129.60

\*Immunization administration for single vaccine is \$20.80, for each additional vaccine it is \$16.00 per vaccine + vaccine cost.

\*\*COVID immunization administration incurs an additional cost of \$48.00

**All prices are accurate as of April 2024, however prices may change based on price fluctuations and our vendor contracts.**