TOPEKA ER & HOSPITAL

6135 SW 17th St., Topeka, KS 66615
(785) 670-6760 | F: (785) 670-6757
www.TopekaHospital.com

Effective March 1, 2025

Outpatient Services Cash Pricing

Laboratory Test	CPT	Price
BNP	N/A	$45
COVID PCR	N/A	$175
Rapid COVID Antigen	N/A	$125
Rapid Flu/COVID Combo	N/A	$140
Rapid Strep	N/A	$35
Rapid Flu	N/A	$35
Rapid RSV	N/A	$35
Complete Blood Count (CBC)	85027	$45
Basic Metabolic Panel (BMP)	80048	$45
Comprehensive Metabolic Panel (CMP)	80053	$45
Hepatic Panel (LFT)	80076	$45
Urinalysis-Routine (UA)	81001	$35
Urinalysis-Culture (UAC)	87088	$75
Urine Pregnancy Test - Qualitative (HCG)	81025	$35
Serum Pregnancy Quantitative	84702	$35
D-Dimer	85379	$45
Lactate Level (CG4)	82803/83605	$35
Lipase	83690	$60
Lipid Panel	83960	$55
Cholesterol	82465	$25
Triglycerides	84478	$25
HA1C	83036	$55
Fe & TIBC	83540/83550	$55
TSH	84443	$55
T3	84480	$50
Free T4	84439	$50
Thyroid Screen (FT4 & TSH)	84439/84443	$90
PT	85610	$30
PTT	85730	$30
RH	86901	$55
Blood Type	86900	$55
ABO/RH	86901/86900	$50
Magnesium	80051	$55
Ammonia	82140	$75
ESR	85652	$35
CRP	86140	$35
Uric Acid Level	84550	$25
Phenytoin Total	80185	$50
Valproic Acid Level	80164	$50

Laboratory Test	CPT	Price
Prothrombin Time with INR (PT/INR)	85730	$50
Troponin I	84484	$50
Respiratory Panel	N/A	$425
ECG/EKG	N/A	$100
Blood Culture	N/A	$150
Wound Culture Aerobic	N/A	$50
Wound Culture Anaerobic	N/A	$50
Progesterone	84144	$25
Estradiol	82670	$45
Potassium	84132	$30

POC Lab Test	CPT	Price
Fingerstick Glucose	82962	$15
Urine Drug Screen (10 Panel)	80300	$45

Radiology/Imaging	Price
X-ray Any One Extremity or Joint, 2 or 3 Views	$120
Chest X-ray, 1 View	$120
Chest X-ray, 2 Views	$150
CT Any One Body Part w/o Contrast	$375
CT Any One Body Part with Contrast (IV included + labs if needed)	$550
CT Any One Body Part, with AND w/o Contrast (IV included + labs if needed)	$650
Ultrasound Pregnancy	$375
Ultrasound Pelvic, Transabdominal AND Transvaginal	$450
Ultrasound ANY Body Part	$325
Ultrasound DVT Unilateral	$325
Ultrasound DVT Bilateral	$450
MRI Any One Body Part w/o Contrast	$525
MRI Any Body Part with & w/o Contrast (IV included)	$700
MRI Any One Body Part with Contrast (Radiologist approval required)	$350
MR Angiogram Any One Body Part (with Contrast if Ordered by Provider)	$600
Echo Limited	$800
Echo Complete	$999
PICC Line Placement ($125 deposit required)	$1500