

CPT CODE	COVID 19 TEST DESCRIPTION	CHARGE	SELF PAY PRICE	POINT OF SERVICE CASH PRICE
86769	CHG ANTIBODY SEVERE RESPIRATORY SYND SARS-COV-2 COVID-19	\$50.00	\$32.50	\$25.00
87426	PR INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE SARS COV 2	\$72.00	\$46.80	\$36.00
0241U	CHG NFCT DS RNA 4 TARGETS UPPER RESPIRATORY SPECIMEN	\$212.00	\$137.80	\$106.00
U0001	HC COVID-19 DHEC	\$35.91	\$23.34	\$18.00
U0002	HC COVID-19 TEST NON-CDC	\$59.31	\$38.55	\$30.00
U0003	INFECTIOUS AGENT DETECTION DNA/RNA SARS-COV-2 COVID 19 HIGH THROUGHPUT	\$108.00	\$70.20	\$54.00
86328	HC ANTIBODIES QUALITATIVE COVID-19	\$23.00	\$14.95	\$12.00