

Service Costs at University Health Services for Uninsured Students

If you are an uninsured student or have insurance that we cannot file claims to like Medicaid/CHIP, Medicare, MAP, ChampVA, Community Health Choice Marketplace, or insurance from a company that is based outside of the U.S., please refer to the cost of services below. (Charges below reflect any reduced cost for services that are subsidized by UT.)

Note: These are common charges, but it is not comprehensive. If you have insurance, your out-of-pocket cost will depend on your individual insurance plan benefits and/or if any services are subsidized by UT. Please contact the member services phone number on your insurance card for member benefit details. For questions about charges or services not listed here, please contact Healthyhorns Billing Office.

Cost of Services

Office Visits (Students only)	Charge
Nurse visit	\$10.00
General Medicine, Sports Medicine, Gynecology, Urgent Care, Allergy/Immunization/Travel (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	\$41.63
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	\$20.25
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 and 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

Healthyhorns Billing Office

phone: 512-475-8394 (option 2)
email: healthyhorns_billing@utlists.utexas.edu
MyUHS/CMHC portal: Under "messages," select "I want to send a message to the Billing department."

Current service charges (as of August 2024, subject to change).

Please note that prices may vary due to fluctuations and changes in vendor contracts.

Cost of Services (continued)

Procedures	CPT Code	Charge
Destruction, Anal Lesion(s)	46916	\$296.80 (cryosurgery, simple)
Destruction, Penile Lesion(s)/Warts	54056	\$175.20 (cryosurgery, simple)
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 and Drainage, Abscess/Cyst	10060	\$146.40
Incision and 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)

Immunizations	CPT Code	Charge
COVID-19 Vaccine (Moderna 24-25 Spikevax)**	91322	\$140.00
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	90656	\$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
Prevna 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: \$20.80 for the first vaccine, \$16.00 for each additional vaccine (plus the cost of the vaccines themselves).

** COVID immunization administration: additional cost of \$48.00.

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The University of Texas at Austin
University Health Services
 Division of Student Affairs