



This good faith estimate is solely for self-pay patients. Quest is in-network with most health plans and has agreed to accept discounted reimbursement rates with most health plans. These amounts do not reflect such discounted rates. In addition, Quest offers financial assistance and other programs to help with the cost of testing. More information is available at <https://www.questdiagnostics.com/patients/billing-insurance/financial-assistance>

Order code	Test Name	CPT / procedure codes(s)	Price	Common diagnosis / ICD10 codes	Possible additional Test code(s)	Possible additional Test Name(s)
394	CULTURE, THROAT	87070	\$75.37	J029 ,Z20822, R070, J069, R509	1TC, 1TC1	ORGANISM ID 1, SUSCEPTIBILITY 1
395	CULTURE, UR ROUTINE	87086	\$60.75	N390, R300, R350, R319, N3000	1UR, 1UR1, UR1P	ORGANISM ID 1, SUSCEPTIBILITY 1, PRESUMPTIVE ID 1
457	FERRITIN	82728	\$112.49	D649, D509, D500, D508, Z0000		
496	HEMOGLOBIN A1C	83036	\$74.25	E119, E1165, R7301, Z0000, I10		
498	HEP B SURF AG	87340	\$84.36	Z113, Z369, Z202, Z1159, Z79899	%36204	HBSAG CONFIRMATION
622	MAGNESIUM	83735	\$55.12	I10, Z79899, R252, E8342, Z0000		
802	RUBELLA ANTIBODY (IG	86762	\$76.49	Z0184, Z1159, Z3169, Z369, Z3491		
809	SED RATE BY MOD WEST	85652	\$40.50	M2550, R5383, Z79899, I10, R519	%29891	SED RATE MANUAL WEST
866	T4, FREE	84439	\$146.23	E039, Z0000, I10, R7989, R5383		
873	TESTOSTERONE,MALE,IA	84403	\$197.97	E291, R5383, N529, R7989, Z0000		
899	TSH	84443	\$130.49	E039, I10, E038, R5383, E063		
905	URIC ACID	84550	\$42.74	M109, E790, I10, M79671, Z0000		
927	VITAMIN B12	82607	\$120.36	E538, Z0000, R5383, R6889, E559		
1759	CBC(H/H,RBC,WBC,PLT)	85014, 85018, 85027, 85041, 85048, 85049	\$33.67	I10, Z0000, Z130, D649, Z01818		



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3020	UA,COMP W/RFL CULT	81001	\$47.59	Z0000, N390, I10, R300, R350	395	CULTURE UR ROUTINE
4021	ESTRADIOL	82670	\$223.85	N951, N979, E291, R5383, N978		
4112	FTA-ABS	86780	\$122.61	Z113, Z202, A530, H905, Z0001		
4420	C-REACTIVE PROTEIN (86140	\$75.37	Z79899, R5383, R7982, M353, I10		
4439	VZV AB IGG	86787	\$176.60	Z0184, Z0000, Z23, Z789, Z111		
5363	PROSTATE SPECIFIC AG	84153	\$148.48	R9720, C61, N401, Z125, N400		
5463	URINALYSIS, COMPLETE	81001, 81003, 81015	\$47.59	Z0000, I10, N390, R319, E559		
5616	IRON,TIBC,FER PNL	82728, 83540, 83550	\$201.96	D509, D649, D500, D508, Z0000		
6399	CBC (INCLUDES DIFF/PLT)	85025	\$45.50	I10, D649, Z0000, R5383, E785		
6447	HSV 1 & 2 IGG ABS	86695	\$244.10	Z113, Z202, Z0000, R21, B009		
6517	MICROALBUMIN W/ CREAT. RANDOM(U)	82043, 82570	\$130.48	I10, E119, E1165, Z794, R809		
7065	VIT B12/FOLIC ACID	82607, 82746	\$238.47	M8949, E538, R5383, F418, F419		
7573	IRON, TOTAL, AND IBC	83540, 83550	\$89.47	D509, D649, D500, Z0000, E559		
7600	LIPID PANEL	80061	\$154.85	Z79899, E785, E559, E7800, Z0000		
7788	ABO GROUP & RH TYPE	86900, 86901	\$89.99	Z0183, Z0000, Z3201, I10, Z332		
8396	HCG, SERUM, QUANT	84702	\$146.43	N912, Z3201, Z3200, N926, O021		
8435	HCG, TOTAL, QL	84703	\$70.87	Z3200, Z01818, N926, N912, Z0000		



Order code	Test Name	CPT / procedure code(s)	Price	Common diagnosis / ICD10 codes	Possible additional Test code(s)	Possible additional Test Name(s)
8472	HCV ABS REFLEX RNA Q	86803	\$145.11	Z1159, Z0000, Z113, I10, Z202	%35645	HCV RNA QUANTITATIVE REAL TIME PCR
8847	PROTHROMBIN TIME-INR	85610	\$39.00	Z7901, I4891, I480, Z952, Z5181		
10165	BASIC METABOLIC PANE	80048	\$70.48	I10, E876, E871, Z79899, E875		
10231	COMP METABOLIC PANEL	80053	\$88.07	I10, Z79899, E785, E119, E782		
10256	HEPATIC FUNCTION PAN	80076	\$67.51	B351, R945, R748, R7989, Z79899		
11290	FECAL IMMUNOCHEM	82274	\$116.99	Z1211, Z0000, I10, E559, D649		
11363	CT/GC RNA,TMA,UROGEN	87491, 87591	\$206.97	Z113, Z202, R300, N898, Z7251		
14852	LIPID PNL W/REF TO DIRECT LDL	80061	\$155.22	E782, Z79899, I2510, I10, E7800	%8293	DIRECT LDL
15983	TESTOSTERONE,TOTALMS	84403	\$220.47	E291, R5383, E559, E1165, R7989		
16558	VITAMIN D,1,25 (OH)	82652	\$329.59	E559, Z0000, I10, E785, R5383		
17306	VITAMIN D, 25-HYDROX	82306	\$241.84	E559, Z0000, R5383, I10, Z79899		
17333	SURESWAB(TM),VAGINOSIS/VAGINITIS PL	87481, 87491, 87512, 87591, 87661, 87799	\$1,132.16	Z113, N898, N760, B373, Z01419		
19550	TRICHOMONAS VAG RNA	87661	\$173.23	Z113, Z202, N898, N760, A599		
31672	SARS-COV-2 SEROLOGY (COVID-19) ANTIBODIES (IGG, IGM), IMMUNOASSAY	86769 x 2	\$110.00	U071, Z20822, Z8616, Z1152, Z20828, Z1159, Z03818		
31688	SARS-COV-2 RNA (COVID-19) AND INFLUENZA A AND B, QUALITATIVE NAAT	87636	\$511.70	U071, Z20822, Z8616, Z1152, Z20828, Z1159, Z03818		
34429	FREE T3	84481	\$226.10	E039, E0590, R5383, E0500, I10		
34499	SARS COV2 IGG S SQN	86769	\$69.00	U071, Z20822, Z8616, Z1152, Z20828, Z1159, Z03818		



36126	RPR(DX) REFL CONFIRM	86592	\$49.00	Z113, Z3049, Z30018, Z7251, Z118	4112, %36203	FTA-ABS, RPR TITER
36127	TSH W/REFL FT4	84443	\$130.49	E039, R5383, I10, Z0000, Z1329	866	T4 FREE



Order code	Test Name	CPT / procedure code(s)	Price	Common diagnosis / ICD10 codes	Possible additional Test code(s)	Possible additional Test Name(s)
36970	QUANTIFERON(R) PL 1T	86480	\$336.34	Z111, Z79899, Z0000, Z0184, E559		
39448	SARS COV2 NAAT	87635	\$100.01	U071, Z20822, Z8616, Z1152, Z20828, Z1159, Z03818		
39749	SARS-COV-2 ANTIBODY (IGG), NUCLEOCAPSID, QUALITATIVE TES	86769	\$55.00	U071, Z20822, Z8616, Z1152, Z20828, Z1159, Z03818		
39816	SARS-COV-2 RNA, INFLUENZA A/B, AND RSV RNA, QUALITATIVE NAAT	0241U	\$925.65	U071, Z20822, Z8616, Z1152, Z20828, Z1159, Z03818		
39820	SARS-COV-2 TOTAL ANTIBODY, SPIKE, SEMI-QUANTITATIVE	86769	\$55.00	U071, Z20822, Z8616, Z1152, Z20828, Z1159, Z03818		
91431	HIV 4TH GEN	87389	\$108.16	Z113, Z114, Z0000, Z202, Z7251	%91432	HIV 1/2 AB DIFF
%29891	SED RATE MANUAL WEST	85651	\$40.50	See original ordered test		
%35645	HCV RNA, QUANTITATIVE REAL TIME PCR	87522	\$571.43	See original ordered test		
%36203	RPR TITER	86593	\$40.50	See original ordered test		
%36204	HBSAG CONFIRMATION	87341	\$96.74	See original ordered test		
%8293	DIRECT LDL	83721	\$52.00	See original ordered test		
%91432	HIV 1/2 AB DIFF	86701, 86702	\$177.38	See original ordered test		
1TC	ORGANISM ID 1	87077	\$35.99	See original ordered test		
1TC1	SUSCEPTIBILITY 1	87186	\$70.87	See original ordered test		
1UR	ORGANISM ID 1	87077	\$35.99	See original ordered test		
1UR1	SUSCEPTIBILITY 1	87186	\$70.87	See original ordered test		
UR1P	PRESUMPTIVE ID 1	87088	\$35.99	See original ordered test		

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your healthcare needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs.

As a clinical laboratory, Quest does not assign diagnosis codes (ICD10 codes). Rather, such ICD10 codes are assigned by the physician or other authorized provider ordering services. Please note that the ICD10 Codes on this list are codes we often see with the associated test. They are not ICD10 codes provided by your provider and may have no relevance to you. If you would like to know more, you should contact your physician to understand what ICD10 codes may apply.



If you are charged more for the test than listed in the Good Faith Estimate, federal law allows you to dispute (appeal) the bill. You may contact us to let us know the billed charges are higher than the Good Faith Estimate. You may also start a dispute resolution process with the US Department of Health and Human Services (HHS) if your bill is at least \$400 higher than the Good Faith Estimate. If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on the Good Faith Estimate. If the agency disagrees with you and agrees with the healthcare provider or facility, you will have to pay the higher amount as charged by the provider. To learn more and get a form to start the process, contact HHS.

If you do not see your test listed or are unsure what your provider ordered, you should contact your physician to understand whether the testing ordered is on this list. If the test is not on the list, or if you have any additional questions, please contact 1.800.758.5016 Monday-Thursday, 8:30 AM–5:00 PM and Friday, 8:30 AM–4:00 PM Eastern Standard Time (EST) for assistance.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.