



Banner Medical Group: Gastroenterology

The prices for our most common services are listed below.
For a description, please visit www.BannerHealth.com/COPriceDescription.

HCPCS/CPT Code ⁽¹⁾	Description	Facility Price ⁽²⁾	Non-Facility Price ⁽³⁾
43235	Diagnostic Examination Of Stomach And Upper Small Bowel By Endoscope	\$269	\$634
43239	Biopsy Of The Esophagus, Stomach, Or Upper Small Bowel By Endoscope	\$303	\$808
43249	Balloon Dilation Of Esophagus By Endoscope	\$334	\$2,182
45378	Diagnostic Examination Of Large Bowel By Endoscope	\$400	\$772
45380	Biopsy Of Large Bowel By Endoscope	\$434	\$954
45384	Removal Of Polyps Or Growths Of Large Bowel By Endoscope With Forceps	\$492	\$1,047
45385	Removal Of Polyps Or Growths Of Large Bowel By Endoscope With Snare Technique	\$548	\$1,000
99201	New Patient Office Or Other Outpatient Visit, Problem Focused/Straightforward	\$108	\$108
99202	New Patient Office Or Other Outpatient Visit, Expanded Problem Focused/Straightforward	\$151	\$151
99203	New Patient Office Or Other Outpatient Visit, Detailed/Low Complexity	\$218	\$218
99204	New Patient Office Or Other Outpatient Visit, Comprehensive/Moderate Complexity	\$333	\$333
99205	New Patient Office Or Other Outpatient Visit, Comprehensive/High Complexity	\$417	\$417
99211	Established Patient Office Or Other Outpatient Visit, That May Not Require Presence Of Physician Or Other Qualified Health Care Professional	\$80	\$80
99212	Established Patient Office Or Other Outpatient Visit, Problem Focused/Straightforward	\$108	\$108
99213	Established Patient Office Or Other Outpatient Visit, Problem Focused/Straightforward	\$147	\$147
99214	Established Patient Office Or Other Outpatient Visit, Detailed/Moderate Complexity	\$217	\$217
99215	Established Patient Office Or Other Outpatient Visit, Comprehensive/High Complexity	\$292	\$292
99221	Initial Hospital Inpatient Care, Detailed/Comprehensive/Straightforward/Low Complexity	\$205	\$205
99222	Initial Hospital Inpatient Care, Comprehensive/Moderate Complexity	\$277	\$277
99223	Initial Hospital Inpatient Care, Comprehensive/High Complexity	\$409	\$409
99231	Subsequent Hospital Inpatient Care, Problem Focused/Straightforward/Low Complexity	\$80	\$80
99232	Subsequent Hospital Inpatient Care, Expanded Problem Focused/Moderate Complexity	\$146	\$146
99233	Subsequent Hospital Inpatient Care, Detailed/High Complexity	\$210	\$210
G0121	Colon Cancer Screening, Patient Not Considered High Risk	\$400	\$772

- ⁽¹⁾ HCPCS (Healthcare Common Procedure Coding System), also referred to as CPT (Current Procedural Terminology), is a uniform coding system for describing medical, surgical, and diagnostic services as well as supplies, pharmaceuticals, etc.
- ⁽²⁾ The Facility Price is applicable when services are provided in a facility setting; for example, a hospital, a skilled nursing facility, or an ambulatory surgical center.
- ⁽³⁾ The Non-Facility Price is applicable when services are provided in a non-facility setting; for example, a physician's office, or a patient's home.