



Banner Medical Group: Radiology

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⁾
7045026	CT scan head or brain (does not include facility charge)	\$88	\$88
7104526	X-ray of chest, 1 view (does not include facility charge)	\$19	\$19
7104626	X-ray of chest, 2 views (does not include facility charge)	\$23	\$23
7363026	X-ray of foot, minimum of 3 views (does not include facility charge)	\$18	\$18
7417626	CT scan of abdomen and pelvis (does not include facility charge)	\$179	\$179
7701426	CT guidance for insertion of radiation therapy fields (does not include facility charge)	\$89	\$89
7706726	Bilateral screening mammography (does not include facility charge)	\$71	\$71
7708026	Bone density measurement spine or hips (does not include facility charge)	\$21	\$21
7728026	Management of radiation therapy simulation-aided field setting, simple (does not include facility charge)	\$74	\$74
7730026	Calculation of radiation therapy dose (does not include facility charge)	\$66	\$66
7733426	Radiation treatment devices, design and construction, complex (does not include facility charge)	\$130	\$130
77427	Radiation treatment management, 5 treatments	\$376	\$376
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
G600226	Stereoscopic x-ray guidance for the delivery of radiation therapy (does not include facility charge)	\$41	\$41

- ⁽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.