



For questions regarding our Direct Pay Prices, please contact your provider's office.

## **Endocrinology/Metabolism**

The Direct Pay Price for our most common services are listed below. For a description of 'Direct Pay Price', please visit <a href="https://www.bannerhealth.com/DirectPayPriceDescription">www.bannerhealth.com/DirectPayPriceDescription</a>.

HCPCS/ CPT Code (1)	Description	Direct Pay <u>Facility</u> Price (2)	Direct Pay Non-Facility Price (3)
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	57.00	90.00
99202	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	107.00	155.00
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/LOW COMPLEXITY	163.00	225.00
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	275.00	345.00
99205	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	353.00	429.00
99211	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, THAT MAY NOT REQUIRE PRESENCE OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	20.00	43.00
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	55.00	90.00
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	108.00	150.00
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/MODERATE COMPLEXITY	165.00	223.00
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	233.00	300.00
99221	INITIAL HOSPITAL INPATIENT CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	211.00	211.00
99222	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/MODERATE COMPLEXITY	287.00	287.00
99223	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/HIGH COMPLEXITY	422.00	422.00
99231	SUBSEQUENT HOSPITAL INPATIENT CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	84.00	84.00
99232	SUBSEQUENT HOSPITAL INPATIENT CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	152.00	152.00
99233	SUBSEQUENT HOSPITAL INPATIENT CARE, DETAILED/HIGH COMPLEXITY	217.00	217.00
99241	PATIENT OFFICE CONSULTATION, PROBLEM FOCUSED/STRAIGHTFORWARD	71.00	102.00
99242	PATIENT OFFICE CONSULTATION, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	147.00	191.00
99243	PATIENT OFFICE CONSULTATION, DETAILED/LOW COMPLEXITY	205.00	260.00
99244	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	324.00	384.00
99245	PATIENT OFFICE CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY	402.00	470.00
99251	INPATIENT HOSPITAL CONSULTATION, PROBLEM FOCUSED/STRAIGHTFORWARD	103.00	103.00
99252	INPATIENT HOSPITAL CONSULTATION, EXPANDED PROBLEM FOCUSED/STRAIGHTFORWARD	158.00	158.00
99253	INPATIENT HOSPITAL CONSULTATION, DETAILED/LOW COMPLEXITY	241.00	241.00
99254	INPATIENT HOSPITAL CONSULTATION, COMPREHENSIVE/MODERATE COMPLEXITY	347.00	347.00
99255 99354	INPATIENT HOSPITAL CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY  PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE, FIRST 30-74 MINUTES	419.00	419.00
	·	194.00	208.00
99355 10022	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE, EACH ADDITIONAL 30 MINUTES  FINE NEEDLE ASPIRATION USING IMAGING GUIDANCE	192.00 143.00	206.00 298.00
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	51.00	51.00
76536	ULTRASOUND OF HEAD AND NECK	259.00	259.00
7653626	ULTRASOUND OF HEAD AND NECK (PROFESSIONAL COMPONENT ONLY)	61.00	61.00
76536TC	ULTRASOUND OF HEAD AND NECK (TECHNICAL/FACILITY COMPONENT ONLY)	199.00	199.00
76942	ULTRASONIC GUIDANCE IMAGING SUPERVISION AND INTERPRETATION FOR INSERTION OF NEEDLE	432.00	432.00
7694226	ULTRASONIC GUIDANCE IMAGING SUPERVISION AND INTERPRETATION FOR INSERTION OF NEEDLE (PROFESSIONAL COMPONENT ONLY)	74.00	74.00
7708026	BONE DENSITY MEASUREMENT SPINE OR HIPS USING DEDICATED X-RAY MACHINE (PROFESSIONAL COMPONENT ONLY)	31.00	31.00
7708126	BONE DENSITY MEASUREMENT FOREARM/ WRIST USING DEDICATED X-RAY MACHINE (PROFESSIONAL COMPONENT ONLY)	22.00	22.00
95251	AMBULATORY CONTINUOUS GLUCOSE (SUGAR) INCLUDING INTERPRETATION AND REPORT	91.00	91.00
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL	119.00	119.00
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	183.00	183.00
J0897	INJECTION, DENOSUMAB, 1 MG	29.00	29.00





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HCPCS/ CPT Code (1)	Description .	Direct Pay Facility Price (2)	Direct Pay Non-Facility Price (3)
Code	Description	Price	Price
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	8.10	8.10
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	11.20	11.20
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	288.40	288.40
J1930	INJECTION, LANREOTIDE, 1 MG	60.10	60.10
J3240	INJECTION, THYROTROPIN ALPHA, 0. 9 MG, PROVIDED IN 1. 1 MG VIAL	2,106.20	2,106.20
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0.60	0.60
J3488	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	446.00	446.00

<sup>(1)</sup> 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.

<sup>(2)</sup> The Direct Pay 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.

<sup>(3)</sup> The Direct Pay 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.