



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

## **Geriatrics**

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 Facility 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
99217	HOSPITAL OBSERVATION CARE, DISCHARGE	151.00	151.00
99218	INITIAL HOSPITAL OBSERVATION CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	141.00	141.00
99219	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/MODERATE COMPLEXITY	234.00	234.00
99220	INITIAL HOSPITAL OBSERVATION CARE, COMPREHENSIVE/HIGH COMPLEXITY	327.00	327.00
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 99224	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/HIGH COMPLEXITY  SUBSEQUENT OBSERVATION CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW	422.00 61.00	422.00 61.00
20225	COMPLEXITY	107.00	107.00
99225	SUBSEQUENT OBSERVATION CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	107.00	107.00
99226 99231	SUBSEQUENT OBSERVATION CARE, DETAILED/HIGH COMPLEXITY  SUBSEQUENT HOSPITAL INPATIENT CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	161.00 84.00	161.00 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
99234	HOSPITAL OBSERVATION OR INPATIENT CARE, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	287.00	287.00
99235	HOSPITAL OBSERVATION OR INPATIENT CARE, COMPREHENSIVE/MODERATE COMPLEXITY	374.00	374.00
99236	HOSPITAL OBSERVATION OR INPATIENT CARE, COMPREHENSIVE/HIGH COMPLEXITY	465.00	465.00
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	151.00	151.00
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	221.00	221.00
99281	EMERGENCY DEPARTMENT VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	45.00	45.00
99282	EMERGENCY DEPARTMENT VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	88.00	88.00
99283 99284	EMERGENCY DEPARTMENT VISIT, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY  EMERGENCY DEPARTMENT VISIT, DETAILED/MODERATE COMPLEXITY	133.00 251.00	133.00 251.00
99285	EMERGENCY DEPARTMENT VISIT, DETAILED/MODERATE COMPLEXITY	368.00	368.00
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	472.00	575.00
99292	CRITICAL CARE DELIVERY, FIND 50 74 MINUTES  CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES	237.00	259.00
99304	INITIAL NURSING FACILITY VISIT, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW COMPLEXITY	192.00	192.00
99305	INITIAL NURSING FACILITY VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	269.00	269.00
99306	INITIAL NURSING FACILITY VISIT, COMPREHENSIVE/HIGH COMPLEXITY	342.00	342.00
99307	SUBSEQUENT NURSING FACILITY VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	92.00	92.00
99308	SUBSEQUENT NURSING FACILITY VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	141.00	141.00
99309	SUBSEQUENT NURSING FACILITY VISIT, DETAILED/MODERATE COMPLEXITY	186.00	186.00
99310	SUBSEQUENT NURSING FACILITY VISIT, COMPREHENSIVE/HIGH COMPLEXITY	276.00	276.00





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HCPCS/ CPT		Direct Pay Facility	Direct Pay Non-Facility
Code (1)	Description	Price (2)	Price (3)
99318	NURSING FACILITY ANNUAL ASSESSMENT, COMPREHENSIVE/LOW/MODERATE COMPLEXITY	196.00	196.00
99324	NEW PATIENT ASSISTED LIVING VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	120.00	120.00
99325	NEW PATIENT ASSISTED LIVING VISIT, EXPANDED PROBLEM FOCUSED/LOW COMPLEXITY	174.00	174.00
99326	NEW PATIENT ASSISTED LIVING VISIT, DETAILED/MODERATE COMPLEXITY	294.00	294.00
99327	NEW PATIENT ASSISTED LIVING VISIT, COMPRHENSIVE/MODERATE COMPLEXITY	386.00	386.00
99328	NEW PATIENT ASSISTED LIVING VISIT, COMPREHENSIVE/HIGH COMPLEXITY	451.00	451.00
99334	ESTABLISHED PATIENT ASSISTED LIVING VISIT, PROBLEM FOCUSED/STRAIGHTFORWARD	127.00	127.00
99335	ESTABLISHED PATIENT ASSISTED LIVING VISIT, EXPANDED PROBLEM FOCUSED/LOW	197.00	197.00
	COMPLEXITY		
99336	ESTABLISHED PATIENT ASSISTED LIVING VISIT, DETAILED/MODERATE COMPLEXITY	277.00	277.00
99337	ESTABLISHED PATIENT ASSISTED LIVING VISIT, COMPREHENSIVE/HIGH COMPLEXITY	399.00	399.00
11200	REMOVAL OF UP TO 15 SKIN TAGS	154.00	182.00
20605	ASPIRATION OR INJECTION OF MEDIUM JOINT OR JOINT CAPSULE	89.00	126.00
20610	ASPIRATION OR INJECTION OF LARGE JOINT OR JOINT CAPSULE	108.00	168.00
69210	REMOVAL OF IMPACT EAR WAX	71.00	109.00
93000	ROUTINE EKG USING AT LEAST 12 LEADS INCLUDING INTERPRETATION AND REPORT	44.00	44.00
94640	RESPIRATORY INHALED PRESSURE OR NONPRESSURE TREATMENT TO RELIEVE AIRWAY	35.00	35.00
	OBSTRUCTION OR FOR SPUTUM SPECIMEN		
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	41.00	41.00
G0250	PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING	20.00	20.00
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION, FIRST 12 MONTHS OF MEDICARE ENROLLMENT	273.00	321.00
G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE	43.00	44.00
	INITIAL PREVENTIVE PHYSICAL EXAMINATION WITH INTERPRETATION AND REPORT		
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS),	350.00	350.00
	INITIAL VISIT		
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS),	234.00	234.00
	SUBSEQUENT VISIT		
J0897	INJECTION, DENOSUMAB, 1 MG	29.00	29.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0.60	0.60
J7620	ALBUTEROL, UP TO 2. 5 MG AND IPRATROPIUM BROMIDE, UP TO 0. 5 MG, FDA-APPROVED	1.00	1.00
	FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME		
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	41.00	95.00
	OR VAGINAL SMEAR TO LABORATORY		
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF	26.00	26.00
	AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)		

<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 <u>Facility</u> 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.