



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

Hospitalist: Internal Medicine

The Direct Pay Price for our most common services are listed below. For a description of 'Direct Pay Price', please visit www.bannerhealth.com/DirectPayPriceDescription.

HCPCS/ CPT		Direct Pay <u>Facility</u>	Direct Pay Non-Facility
Code (1)	Description	Price (2)	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	INITIAL HOSPITAL INPATIENT CARE, COMPREHENSIVE/HIGH COMPLEXITY	422.00	422.00
99224	SUBSEQUENT OBSERVATION CARE, PROBLEM FOCUSED/STRAIGHTFORWARD/LOW COMPLEXITY	61.00	61.00
99225	SUBSEQUENT OBSERVATION CARE, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	107.00	107.00
99226	SUBSEQUENT OBSERVATION CARE, DETAILED/HIGH COMPLEXITY	161.00	161.00
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
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
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	INPATIENT HOSPITAL CONSULTATION, COMPREHENSIVE/HIGH COMPLEXITY	419.00	419.00
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	EMERGENCY DEPARTMENT VISIT, EXPANDED PROBLEM FOCUSED/MODERATE COMPLEXITY	133.00	133.00
99284	EMERGENCY DEPARTMENT VISIT, DETAILED/MODERATE COMPLEXITY	251.00	251.00
99285	EMERGENCY DEPARTMENT VISIT, COMPREHENSIVE/HIGH COMPLEXITY	368.00	368.00
99291	CRITICAL CARE DELIVERY, FIRST 30-74 MINUTES	472.00	575.00
99292 99304	CRITICAL CARE DELIVERY, EACH ADDITIONAL 30 MINUTES INITIAL NURSING FACILITY VISIT, DETAILED/COMPREHENSIVE/STRAIGHTFORWARD/LOW	237.00 192.00	259.00 192.00
99305	COMPLEXITY INITIAL NURSING FACILITY VISIT, COMPREHENSIVE/MODERATE COMPLEXITY	269.00	269.00
22202	INTIAL NON-SING FACILITY VISIT, CONTENENT OF THE PROPERTY OF T	209.00	209.00





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Code (1)	Description	Price (2)	Price (3)
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
99315	NURSING FACILITY DISCHARGE MANAGEMENT, 30 MINUTES OR LESS	134.00	134.00
99316	NURSING FACILITY DISCHARGE MANAGEMENT, MORE THAN 30 MINUTES	174.00	174.00
99354	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE, FIRST 30-74 MINUTES	194.00	208.00
99355	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE, EACH ADDITIONAL 30 MINUTES	192.00	206.00
99356	PROLONGED INPATIENT OR OBSERVATION HOSPITAL SERVICE, FIRST 30-74 MINUTES	191.00	191.00
99357	PROLONGED INPATIENT OR OBSERVATION HOSPITAL SERVICE, EACH ADDITIONAL 30 MINUTES	191.00	191.00
99406	SMOKING AND TOBACCO USE INTERMEDIATE COUNSELING	26.00	30.00
99407	SMOKING AND TOBACCO USE INTENSIVE COUNSELING	54.00	58.00

⁽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 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.

⁽³⁾ 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.