

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

NP: Family Practice (without OB)

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 Code ⁽¹⁾	Description	Direct Pay <u>Facility</u> Price ⁽²⁾	Direct Pay <u>Non-Facility</u> 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	107.00	155.00
JJ202	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	275.00	345.00
55204	COMPLEXITY	275.00	545.00
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	20.00	43.00
	PRESENCE OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	20.00	10100
99212	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, PROBLEM	55.00	90.00
	FOCUSED/STRAIGHTFORWARD		
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, EXPANDED PROBLEM	108.00	150.00
	FOCUSED/LOW COMPLEXITY		
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, DETAILED/MODERATE	165.00	223.00
	COMPLEXITY		
99215	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, COMPREHENSIVE/HIGH	233.00	300.00
	COMPLEXITY		
99243	PATIENT OFFICE CONSULTATION, DETAILED/LOW COMPLEXITY	205.00	260.00
99381	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, INFANT YOUNGER THAN 1 YEAR	132.00	204.00
99382	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	150.00	222.00
99383	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	150.00	220.00
99384	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	169.00	240.00
99385	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 18 THROUGH 39 YEARS	169.00	240.00
99386	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	208.00	279.00
99387	INITIAL NEW PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 + YEARS	229.00	308.00
99391	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, INFANT YOUNGER THAN 1 YEAR	113.00	173.00
99392	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 1 THROUGH 4 YEARS	132.00	192.00
99393	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 5 THROUGH 11 YEARS	132.00	191.00
99394	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 12 THROUGH 17 YEARS	150.00	209.00
99395	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 18 THROUGH 39 YEARS	150.00	209.00
99396	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 40 THROUGH 64 YEARS	169.00	229.00
99397	ESTABLISHED PATIENT PREVENTIVE MEDICINE EVALUATION, AGE 65 + YEARS	190.00	258.00
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION	85.00	85.00
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION	55.00	58.00
99443	PHYSICIAN TELEPHONE PATIENT SERVICE, 21-30 MINUTES OF MEDICAL DISCUSSION	83.00	86.00
10040	ACNE SURGERY	194.00	221.00
10060	DRAINAGE OF ABSCESS	200.00	237.00
10120	REMOVAL OF FOREIGN BODY FROM TISSUE	197.00	293.00
11100	BIOPSY OF SINGLE GROWTH OF SKIN, TISSUE, OR MOUTH	108.00	223.00
11200	REMOVAL OF UP TO 15 SKIN TAGS	154.00	182.00
11401	REMOVAL OF GROWTH (0.6 TO 1.0 CENTIMETERS) OF THE TRUNK, ARMS, OR LEGS	220.00	312.00
11730	SEPARATION OF NAIL PLATE FROM NAIL BED	114.00	205.00
11740	REMOVAL OF BLOOD ACCUMULATION BETWEEN NAIL AND NAIL BED	68.00	99.00
12001	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE SCALP, NECK, UNDERARMS, TRUNK,	120.00	208.00
-2001	ARMS AND/OR LEGS	120.00	200100
12011	REPAIR OF WOUND (2.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR	144.00	250.00
	MOUTH	11.000	200100
12013	REPAIR OF WOUND (2.6 TO 5.0 CENTIMETERS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR	162.00	268.00
	MOUTH	102.00	200.00
16020	DRESSING CHANGE AND/OR REMOVAL OF BURN TISSUE (LESS THAN 5% TOTAL BODY	124.00	177.00
	SURFACE)	127.00	177.00
17000	DESTRUCTION OF SKIN GROWTH	121.00	173.00
17000	DESTRUCTION OF SKIN GROWTH DESTRUCTION OF MULTIPLE SKIN GROWTHS	10.00	175.00
17003	DESTRUCTION OF MULTIPLE SKIN GROWTHS DESTRUCTION OF MULTIPLE SKIN GROWTHS	292.00	374.00
17004	DESTRUCTION OF MOLTIPLE SKIN GROWTHS DESTRUCTION OF UP TO 14 SKIN GROWTHS	149.00	236.00
20552	INJECTION OF TRIGGER POINTS IN 1 OR 2 MUSCLES	80.00	114.00

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20605	ASPIRATION OR INJECTION OF MEDIUM JOINT OR JOINT CAPSULE	89.00	126.00
20610	ASPIRATION OR INJECTION OF IARGE JOINT OR JOINT CAPSULE	108.00	168.00
20010	APPLICATION OF NON-MOVEABLE, SHORT ARM SPLINT (FOREARM TO HAND)	93.00	103.00
36000	INSERTION OF NEEDLE OR CATHETER INTO A VEIN	22.00	56.00
46600	DIAGNOSTIC EXAMINATION OF THE ANUS USING AN ENDOSCOPE	85.00	180.00
51798	ULTRASOUND MEASUREMENT OF BLADDER CAPACITY AFTER VOIDING	43.00	43.00
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	55.00	55.00
94664	DEMONSTRATION OR EVALUATION OF PATIENT USE OF AEROSOL GENERATOR, NEBULIZER,	35.00	35.00
0.1761	METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) DEVICE	10.00	10.00
94761	MULTIPLE MEASUREMENTS OF OXYGEN SATURATION IN BLOOD USING EAR OR FINGER DEVICE	10.00	10.00
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	41.00	41.00
G0010	ADMINISTRATION OF HEPATITIS B 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
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT	350.00	350.00
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT	234.00	234.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	2.30	2.30
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	9.50	9.5
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	0.4
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	8.10	8.1
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	11.20	11.2
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	0.20	0.2
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	2.00	2.0
J1815	INJECTION, INSULIN, PER 5 UNITS	0.90	0.9
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.7
J2280	INJECTION, MOXIFLOXACIN, 100 MG	6.30	6.3
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	0.40	0.4
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	3.80	3.8
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	5.10	5.1
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.2
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0.60	0.6
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	1.00	1.0
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	1.00	1.00
	ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG		
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	1.00	1.0
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0. 5 MG	1.00	1.0
J7620	ALBUTEROL, UP TO 2. 5 MG AND IPRATROPIUM BROMIDE, UP TO 0. 5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1.00	1.0
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON- COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	1.00	1.0
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7. 5 MG	430.00	430.0
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	430.00	430.0 95.0
	OR VAGINAL SMEAR TO LABORATORY		
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLULAVAL)	15.00	15.0
Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN)	27.00	27.0
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUZONE)	26.00	26.0

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Banner Medical Group



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- ⁽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 <u>Non-Facility</u> Price is applicable when services are provided in a non-facility setting; for example, a physician's office or a patient's home.