



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

## **OB/GYN: Gynecology (Only)**

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 <sup>(1)</sup>	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, COMPREHENSIVE/HIGH COMPLEXITY  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
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
11100	BIOPSY OF SINGLE GROWTH OF SKIN, TISSUE, OR MOUTH	108.00	223.00
17110	DESTRUCTION OF UP TO 14 SKIN GROWTHS	149.00	236.00
52000	DIAGNOSTIC EXAMINATION OF THE BLADDER AND BLADDER CANAL (URETHRA) USING AN ENDOSCOPE	284.00	466.00
56405	INCISION AND DRAINAGE OF FEMALE GENITALS ABSCESS	236.00	240.00
56605	BIOPSY OF EXTERNAL FEMALE GENITALS	133.00	181.00
56606	BIOPSY OF EXTERNAL FEMALE GENITALS	65.00	82.00
57160	FITTING AND INSERTION OF VAGINAL SUPPORT DEVICE	104.00	168.00
57454	BIOPSY AND SCRAPING OF THE CERVIX AND VAGINA USING AN ENDOSCOPE	299.00	336.00
57500	BIOPSY OF CERVIX OR EXCISION OF LOCAL GROWTHS	166.00	285.00
57520	REMOVAL OR DESTRUCTION OF CERVIX	597.00	670.00
58100	BIOPSY OF UTERINE LINING	194.00	241.00
58150	ABDOMINAL REMOVAL OF UTERUS AND CERVIX	2,180.00	2,180.00
58300	PLACEMENT OF INTRA-UTERINE DEVICE (IUD) FOR PREGNANCY PREVENTION	113.00	158.00
58301	REMOVAL OF INTRA-UTERINE DEVICE (IUD) FOR PREGNANCY PREVENTION	150.00	210.00
58340	INTRODUCTION OF SALINE OR X-RAY CONTRAST MATERIAL FOR X-RAY IMAGING OF THE UTERUS AND TUBES	128.00	268.00
58558	BIOPSY, REMOVAL OF POLYP, OR D&C OF THE UTERUS USING AN ENDOSCOPE	588.00	784.00
58563	EXAMINATION OF UTERUS WITH DESTRUCTION OF UTERINE LINING USING AN ENDOSCOPE	756.00	3,853.00
58571	ABDOMINAL REMOVAL OF UTERUS (250 GRAMS OR LESS) WITH REMOVAL OF TUBES AND/OR OVARIES USING AN ENDOSCOPE	2,247.00	2,247.00
58661	REMOVAL OF OVARIES OR TUBES USING AN ENDOSCOPE	1,411.00	1,411.00
64435	INJECTION OF ANESTHETIC AGENT, PARACERVICAL (UTERINE) NERVE	182.00	307.00
76816	ULTRASOUND RE-EVALUATION OF PREGNANT UTERUS, PER FETUS	256.00	256.00
76817	VAGINAL ULTRASOUND OF PREGNANT UTERUS	226.00	226.00





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

## **OB/GYN: Gynecology (Only)**

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 <sup>(1)</sup>	Description	Direct Pay <u>Facility</u> Price (2)	Direct Pay Non-Facility Price (3)
76830	ULTRASOUND PELVIS THROUGH VAGINA	274.00	274.00
76831	ULTRASOUND OF UTERUS WITH COLOR-DIRECTED BLOOD FLOW	275.00	275.00
76942	ULTRASONIC GUIDANCE IMAGING SUPERVISION AND INTERPRETATION FOR INSERTION OF NEEDLE	432.00	432.00
76998	ULTRASONIC GUIDANCE DURING SURGERY	122.00	122.00
99000	HANDLING OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM PHYSICIAN OFFICE TO LABORATORY	12.00	12.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	2.30	2.30
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	0.40
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	0.70	0.70
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	3.40	3.40
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	0.30	0.30
J3010	INJECTION, FENTANYL CITRATE, 0. 1 MG	0.80	0.80
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	0.60	0.60
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	1,416.00	1,416.00
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	41.00	95.00

<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.