

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

Obstetrics/Gynecology: General

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 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
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
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
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
11981 52000	INSERTION OF DRUG DELIVERY IMPLANT INTO TISSUE DIAGNOSTIC EXAMINATION OF THE BLADDER AND BLADDER CANAL (URETHRA) USING AN	182.00 284.00	291.00 466.00
57454		200.00	226.00
57454	BIOPSY AND SCRAPING OF THE CERVIX AND VAGINA USING AN ENDOSCOPE	299.00	336.00
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	113.00 150.00	158.00
58301 58558	REMOVAL OF INTRA-UTERINE DEVICE (IUD) FOR PREGNANCY PREVENTION	588.00	210.00 784.00
58563	BIOPSY, REMOVAL OF POLYP, OR D&C OF THE UTERUS USING AN ENDOSCOPE EXAMINATION OF UTERUS WITH DESTRUCTION OF UTERINE LINING USING AN ENDOSCOPE	756.00	
58661	REMOVAL OF OVARIES OR TUBES USING AN ENDOSCOPE	1,411.00	3,853.00
59025	FETAL NON-STRESS TEST	103.00	103.00
59025	FETAL NON-STRESS TEST FETAL NON-STRESS TEST (PROFESSIONAL COMPONENT ONLY)	65.00	65.00
59400	OBSTETRICAL PRE- AND POSTPARTUM CARE AND VAGINAL DELIVERY	4,135.00	4,135.00
59510	CESARIAN DELIVERY WITH PRE- AND POST-DELIVERY CARE	4,604.00	4,604.00
5951480	CESARIAN DELIVERY WITT FREE AND FOST-DELIVERY CARE CESARIAN DELIVERY (ASSISTANT SURGEON CHARGE ONLY)	4,004.00	4,004.00
76801	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (LESS THAN 14 WEEKS 0 DAYS) SINGLE OR FIRST FETUS	285.00	285.00
76805	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS (GREATER OR EQUAL TO 14 WEEKS 0 DAYS) SINGLE OR FIRST FETUS	326.00	326.00

Prices are subject to change without notice. If this is a printed copy of this document, please visit <u>www.bannerhealth.com/DirectPayPriceDescription</u> to validate current prices.



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HCPCS/ CPT		Direct Pay <u>Facility</u>	Direct Pay <u>Non-Facility</u>
Code ⁽¹⁾	Description	Price ⁽²⁾	Price ⁽³⁾
76811	ABDOMINAL ULTRASOUND OF PREGNANT UTERUS SINGLE OR FIRST FETUS	422.00	422.00
76815	ULTRASOUND OF PREGNANT UTERUS, 1 OR MORE FETUS(ES)	200.00	200.00
76816	ULTRASOUND RE-EVALUATION OF PREGNANT UTERUS, PER FETUS	256.00	256.00
76817	VAGINAL ULTRASOUND OF PREGNANT UTERUS	226.00	226.00
76830	ULTRASOUND PELVIS THROUGH VAGINA	274.00	274.00
76856	ULTRASOUND OF PELVIS	273.00	273.00
99000	HANDLING OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM PHYSICIAN OFFICE TO	12.00	12.00
	LABORATORY		
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	0.40	0.40
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I. U.)	168.70	168.70
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	1,416.00	1,416.00
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	41.00	95.00
	OR VAGINAL SMEAR TO LABORATORY		

⁽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.