



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

Ophthalmology

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 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
11440	REMOVAL OF GROWTH (0.5 CENTIMETERS OR LESS) OF THE FACE, EARS, EYELIDS, NOSE, LIPS, OR MOUTH	217.00	281.00
11900	INJECTION OF UP TO 7 SKIN GROWTHS	69.00	121.00
14060	TISSUE TRANSFER REPAIR OF WOUND (10 SQ CENTIMETERS OR LESS) OF EYELIDS, NOSE, EARS, OR LIPS	1,489.00	1,687.00
15260	RELOCATION OF PATIENT SKIN TO NOSE, EARS, EYELIDS, AND/OR LIPS (20 SQ CENTIMETERS OR LESS)	1,889.00	2,175.00
15823	REMOVAL OF EXCESSIVE SKIN AND FAT OF UPPER EYELID	1,197.00	1,318.0
66761	CREATION OF EYE FLUID DRAINAGE TRACTS IN IRIS USING LASER	663.00	727.0
66821	REMOVAL OF RECURRING CATARACT IN LENS CAPSULE USING LASER	647.00	685.0
66982	REMOVAL OF CATARACT WITH INSERTION OF LENS	2,243.00	2,243.0
66984	REMOVAL OF CATARACT WITH INSERTION OF LENS	1,614.00	1,614.0
67028	INJECTION OF DRUG INTO EYE	283.00	352.0
67800	REMOVAL OF EYELID GROWTH	222.00	268.0
67810	BIOPSY OF EYELD	198.00	464.0
67820	REMOVAL OF EYELASHES BY FORCEPS	114.00	109.0
67900	REPAIR OF BROW PARALYSIS	1,094.00	1,358.0
67904 67917	REPAIR OF TENDON OF UPPER EYELID EXTENSIVE REPAIR OF TURNING-OUTWARD EYELID DEFECT	1,278.00	1,552.0 1,245.0
68761	CLOSURE OF TEAR DUCT OPENING USING PLUG	1,020.00 250.00	309.0
68840	PROBING OF NASAL-TEAR DUCT	244.00	267.0
76514	ULTRASOUND OF CORNEAL STRUCTURE AND MEASUREMENT	31.00	31.0
7651926	ULTRASOUND OF EYE FOR DETERMINATION OF LENS POWER (PROFESSIONAL COMPONENT ONLY)	66.00	66.0
76519TC	ULTRASOUND OF EYE FOR DETERMINATION OF LENS POWER (TECHNICAL/FACILITY COMPONENT ONLY)	104.00	104.0
92002	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, NEW PATIENT	102.00	165.0
92004	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, NEW PATIENT, 1 OR MORE VISITS	211.00	305.0
92012	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, ESTABLISHED PATIENT	111.00	175.0
92014	EYE AND MEDICAL EXAMINATION FOR DIAGNOSIS AND TREATMENT, ESTABLISHED PATIENT, 1 OR MORE VISITS	169.00	253.0
92015	ASSESSMENT FOR PRESCRIPTIVE EYE WEAR USING A RANGE OF LENS POWERS	30.00	30.0
92020	EXAMINATION OF CORNEA AND IRIS USING LENS DEVICE AND SLIT LAMP	45.00	57.0
92083	MEASUREMENT OF FIELD OF VISION DURING DAYLIGHT CONDITIONS	184.00	184.0
92133	DIAGNOSTIC IMAGING OF OPTIC NERVE OF EYE	97.00	97.0
92134 9213626	DIAGNOSTIC IMAGING OF RETINA MEASUREMENT OF CORNEAL CURVATURE AND DEPTH OF EYE (PROFESSIONAL COMPONENT	97.00 65.00	97.0 65.0





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92136TC	MEASUREMENT OF CORNEAL CURVATURE AND DEPTH OF EYE (TECHNICAL/FACILITY COMPONENT ONLY)	116.00	116.00
92250	PHOTOGRAPHY OF THE RETINA	160.00	160.00
92285	PHOTOGRAPHY OF CONTENT OF EYES	74.00	74.00
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	12.00	12.00
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	3.20	3.20
J9035	INJECTION, BEVACIZUMAB, 10 MG	116.90	116.90
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	575.00	575.00

⁽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 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.

⁽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.